

# UNITED STATES ENVIRONMENTAL PROTECTION AGENCY REGION 10

1200 Sixth Avenue Seattle, WA 98101

2 5 JUN 2004

Reply To
Attn Of: OW-130

Mr. Terry Werner Post Falls Wastewater Treatment Facility 408 N. Spokane Street Post Falls, ID 83854

RE: City of Post Falls, Idaho Wastewater Treatment Plant (ID-002585-2) Renewal Application

Dear Mr. Werner:

On June 24, 2004, EPA received the remaining portions of the permit application for the renewal of the above referenced permit. EPA has reviewed the application and has determined that it is complete, although, EPA may request additional information during the development of the draft permit to clarify, modify, or supplement previously submitted material. Requests for such additional information will not render an application incomplete [40 CFR 122.3(c)].

If EPA, through no fault of the permittee, does not re-issue this permit with an effective date under 40 CFR 124.15 on or before the expiration date (November 2, 2004) of the above referenced permit, then the conditions of the expired continue in force under 5 U.S.C 588(c) until the effective date of a new permit [40 CFR 122.6(a)]. Permits continued under 40 CFR 122.6 remain fully effective and enforceable [40 CFR 122.6(b)]. When the permittee is not in compliance with the conditions of the expiring or expired permit, EPA may choose to do any or all of the following: (1) Initiate enforcement action based upon the permit which has been continued; (2) Issue a notice of intent to deny the new permit under 40 CFR 124.6; (3) Issue a new permit under 40 CFR Part 124 with appropriate conditions; or (4) Take other actions authorized by the NPDES regulations. If the permit is denied, the owner or operator would then be required to cease the activities authorized by the continued permit or be subject to enforcement action for operating without a permit. [40 CFR 122.6(c)]

If you have any questions or concerns regarding this letter, please contact Brian Nickel at (206)553-6251.

Sincerely,

Kristine Koch

Acting Manager, NPDES Permits Unit

CITY OF POST FALLS PUBLIC WORKS DEPARTMENT PERMIT NO. ID-002585-2

FORM 1 GENERAL

FORM 3510-2A NPDES PAGES 1 THROUGH 10; PAGES 23 & 24
NOTE: PAGES 11 – 17 ARE INTENTIONALLY LEFT BLANK AND ARE
REPLACED WITH PAGES 23 AND 24

FORM 3510-2A SUPPLEMENTAL APPLICATION INFORMATION
FLEXCEL
QUALITY COATINGS
POTLATCH CORPORATION
CITY OF RATHDRUM

### **ATTACHMENTS**

- MAIN STREAM FLOW SCHEMATIC
- FACILITY LAYOUT
- FACILITY OVERVIEW
- POST FALLS CITY
- SEWER MANAGEMENT AREA
- EXPLANATION REGARDING DAILY CHLORINE LIMIT
- FECAL COLIFORM #/100ml

SECTION A.11.c

- WET TEST REQUEST
- LETTER OF CLARIFICATION SECTION A.12 EFFLUENT TESTING INFORMATION

MAI - 3 :

This will be appeared to the top and the t							
1 Cinn	, '	1.51	5 T	CTION AGENCY	I. EPA I.D. NUMBER		
			in FURN I Permits F	MATION		ו ו	TIAC
GENERAL (Read the "	Generi	al In.	structions	before starting.)	FID00258	2.2	<u>    D</u>
LABELITEMS					GENERAL INSTR	UCTIO	NS .
I. EPA I.D. NUMBER I. ID-0025852				,	If a preprinted label has b	een pr	ovided, affix
	337 A	СТ	TENLAT	ER TREATMENT	it in the designated space.	Reviev	v the inform-
	¥¥ Æ	791	EWAI	ER TREATMENT	ation carefully; if any of i through it and enter the	correct	data in the
PACILITY					appropriate fill—in area be	low. A	Iso, if any of
V. 408 NORTH S.	POK	(A)	JE STI	Page 1	the preprinted data is abse	nt <i>fthe</i>	e area to the
					left of the label space litthat should appear), please	its the	information
TOST TREES,					proper fill—in area(s) belo	w. If	the label is
V. 2002 WEST SI	ELTI	CE	WAY		complete and correct, you	need a	not complete.
KOOTENAI CO				,	Items I, III, V, and VI / must be completed regard	except	VI-B which
Page FACILITY \ \ \ \ DOGT TATE					items if no label has been	pravid	led Refer to
POST FALLS,	IDA	HC	<b>) 8</b> 3854	ł \	the instructions for deta	ited it	tem descrip-
//////					tions and for the legal at which this data is collected.	ithoriz	ations under
				<u> </u>	vanicii una data la cullected.	<u> </u>	- 44
II. POLLUTANT CHARACTERISTICS							۰
INSTRUCTIONS: Complete A through J to determine w	hothe	r vo	u need to	tuhmit any permit application	forms to the EPA If you are	wer "v	or" to any
questions, you must submit this form and the supplemen	tal for	rm li	sted in th	narenthesis following the que	stinn Mark "X" in the hox in	the thi	rd column
if the supplemental form is attached. If you answer "no"	to ea	ch n	uestion. v	ou need not submit any of thes	se forms. You may answer "no	" if vn	ur activity
is excluded from permit requirements; see Section C of the	instr	ictio	ns. See als	o. Section D of the instructions	for definitions of bold-faced	terms	or postart 1
15 excludes from perific requirements, see section of the		·		, , , , , , , , , , , , , , , , , , , ,			18 Te g
SPECIFIC QUESTIONS	YES	NO.	FORM ATTACHED	SPECIFIC Q	UESTIONS	YES	HO FORM
	-		ATTACHED	B. Does or will this facility	(aither avieting or general)	+	NO ATTACHED
A. Is this facility a publicly owned freatment works which results in a discharge to waters of the U.S.?			**		inimal feeding operation or	1 [	
(FORM 2A)	X		X	aquatic animal productio	n facility which results in a		X
	16	17	18	discharge to waters of the		10	2n 21
C. Is this a facility which currently results in discharges		X		D. Is this a proposed facility			X
to waters of the U.S. other than those described in A or B above? (FORM 2C)	22	22	24	waters of the U.S.? (FOR	will result in a discharge to	25	26 27 10
		-60-	4.5		t at this facility Industrial or	1 1	
E. Does or will this facility treat, store, or dispose of	1 1			municipal effluent below	the lowermost stratum con-		
hazardous wastes? (FORM 3)		X			rter mile of the well bore,	1 1	X
	21	79	3.6	underground sources of a	rinking water? (FORM 4)	31	31 33 6
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface					at this facility fluids for spe-	1	
in connection with conventional oil or natural gas pro-					ining of sulfur by the Frasch	1 1	
duction, inject fluids used for enhanced recovery of	1	X			of minerals, in situ combus- overy of geothermal energy?	1 1	X
oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)				(FORM 4)			
1. Is this facility a proposed stationary source which is	34	26	36	J. Is this facility a propose	d stationary source which is	.37	39 / 39 //
one of the 28 industrial categories listed in the in-	1 1		*	NOT one of the 28 indu	istrial categories listed in the		
structions and which will potentially emit 100 tons		× 7		<ul> <li>instructions and which w</li> </ul>	ill potentially emit 250 tons		
per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an		X			ant regulated under the Clean in be located in an attainment		X
attainment area? (FORM 5)	-40 F	1645	18 42 74	area? (FORM 5)		2013	44 2 30 4465 45 80
III. NAME OF FACILITY							
		4				1	17 27 674
1 SKIP POST FALLS WAST	L W	A	ILK	TREATMEN	T FACILIT	Y	4.57
88 18 - 28 20	9.75.7 <b>5</b> %	, (A	***	And the state of t	The state of the s	- 69	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
IV. FACILITY CONTACT	· Aut and I	Sec. 1		Chinate Services of the Relationary and the Many 12	NOT SOME THE STATE OF	A. C	100 76 100
A. NAME & TITLE (last, fi	rst, &	iiic)	,	В.	PHONE (area code & no.)	1 State	49
ATEDDY C HEDNED		. '			0 7 7 7 0 0 5 7		
2 T.E.R.R.Y. C. W.E.R.N.E.R.			<u> </u>	2.0			210
V. FACILITY MAILING ADDRESS	-		· · · · · · · · · · · · · · · · · · ·				
A. STREET OR P.O.	BOX						5.5
						8, T	
3408 N. SPOKANE STR	EE	T		1			1 (1 %) 1 4 4 1
15 15				45			r gj
B. CITY OR TOWN				CISTATE D. ZIP COD			
		1	1 1		Z - Manual F	,	
4 POST FALLS				I D 8 3 8 5			
VI. FACILITY LOCATION							
	bret	510	C-ENTIF.		A STATE OF THE STA		,
A. STREET, ROUTE NO. OR OTHER S	PECI	1	DENTIFI	EN			in the said
52002 W. SELTICE WA	V					•	
16 16				45			1 2
B. COUNTY NAME		_					-
TO OTENAT	1 1	ī			2.00		
KOOTENAI		<u> </u>	· • • • • • • • • • • • • • • • • • • •		graph of the state		-3/Q** (W
C. CITY OR TOWN	- 1 Sec.	ا بالمحافظين المحافظين	Marie No.	D.STATE E.ZIP COD	F F. COUNTY CODE		2 2
elili tilili	49.0), C.C.,	1	<del>}                                    </del>		(if known)	•	3.3
6 POST FALLS				ID  8385	4   100	, · · · · · · ·	<b>10.00</b>
115 14			·	47 47	77 13 14 16 16 16 16 16 16 16 16 16 16 16 16 16	in j	
EPA Form 3510-1 (8-90)					CONTI	NUE C	N REVERSE

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT			
VII. SIC CODES (4-digit, in order of priority)			
A. FIRST		B. SECOND	
specify')	7 ' ' (speci	ID)	
15 16 - 19	111111111111		
C, THIRD		D. FOURTH	
(specify)	7 (speci	עצע	
15 16 - 19	15 16 - 79	· · · · · · · · · · · · · · · · · · ·	
VIII. OPERATOR INFORMATION			
	NAME		B. Is the name listed in Item VIII-A also the
RCITY OF POST FALLS			Owner?
8 CITY OF POST FALLS	<u> </u>	<u> </u>	MYES INO
13 14			
C. STATUS OF OPERATOR (Enter the appropriate letter		(y.) D. PHON	E (area code & na.)
F = FEDERAL M = PUBLIC (other than federal or star S = STATE 0 = OTHER (specify)	e) M (specify)	A 2 0 8	7 7 7 9 8 5 7
P - PRIVATE	56	15 10 10	19 - 21 22 - 25
E, STREET OR P.O. BOX			
408 N. SPOKANE STREET		Silver treath was letter, I	
75	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
F. CITY OR TOWN	G.STATE H. Z	IP CODE: IX.INDIAN LAN	
BPOST FALLS	I D 8 3	Q   5   / 1   1   1   1   1   1   1   1   1	ited on Indian lands?
BPUSTFALLS		C YES	Ø3 NO
13 16	40 41 42 47	gir chirt Light hat in the	等1000年中央电影中央中央中央中央中央中央中央中央中央中央中央中央中央中央中央中央中央中央
X. EXISTING ENVIRONMENTAL PERMITS			
	(Air Emissions from Proposed Sources,		
9 N I D - 0 0 2 5 8 5 - 2 . 9 P			
15 16 17 18 - 30 15 16 17 1		10 (12 to 19	
B. USC (Underground Injection of Fluids)	E. OTHER (specify)		
9 0		(specify)	
15 16 17 18 - 30 15 15 17 1		30	
C. ACRA (Hazardous Wastes)	E. OTHER (specify)		
9 8		(specify)	•
15 14 17 18 1 17 18 1 17 17 17 17 17 17 17 17 17 17 17 17 1	to the second second	e. 30	
XI. MAP	The same of the sa	with the control was the second section in the second section of	
Attach to this application a topographic map of the area	extending to at least one mile be	yond property bounderies	. The map must show
the outline of the facility, the location of each of its extreatment, storage, or disposal facilities, and each well	where it injects fluids undergroun	ischarge structures, each c	IT Its nazardous waste
water bodies in the map area. See instructions for precise	requirements.		
XII, NATURE OF BUSINESS (provide a brief description)	的一种的数据,但是这种数据的数据,更是 <b>是</b> 的数据数据		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Municipal Wastewater Treatment Facili			
using oxidation ditches followed by s			
Sludge is aerobically digested, dewat		ress and disposed	l of under
contract with EKO Compost for compost	ing.		
•	•	•	
	*		
		,	
			•
		•	
XIII. CERTIFICATION (see instructions)			
		1	
I certify under penalty of law that I have personally ex-			
attachments and that, based on my inquiry of those application, I believe that the information is true, accu	persons immediately responsible ) rate and complete I am aware th	ior obtaining the informa	tion contained in the
false information, including the possibility of fine and in	oprisonment.	at their one agritticant pe	
A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	T.	ি DATE SIGNED
Terry C. Werner	100		~ 1 . le .
Public Works Superintendent	1 Jamiliter	ner 1	CA122 ICA
COMMENTS FOR OFFICIAL USE ONLY			
c) The transfer of the control of th		Lealer and at Lealer 1 of the	1 .1 .7 .2
C A C A A A A A A A A A A A A A A A A A			

Post Falls ID-002585-2

Form Approved 1/14/99 OMB Number 2040-0086

FORM 2A NPDES

# MABIES ECISION SAVABBEICALEON OMESMIEM

#### APPLICATION OVERVIEW

Form 2A has been developed in a modular format and consists of a "Basic Application Information" packet and a "Supplemental Application Information" packet. The Basic Application Information packet is divided into two parts. All applicants must complete Parts A and C. Applicants with a design flow greater than or equal to 0.1 mgd must also complete Part B. Some applicants must also complete the Supplemental Application Information packet. The following items explain which parts of Form 2A you must complete:

#### **BASIC APPLICATION INFORMATION:**

- A. Basic Application Information for all Applicants. All applicants must complete questions A.1 through A.8. A treatment works that discharges effluent to surface waters of the United States must also answer questions A.9 through A.12.
- B. Additional Application Information for Applicants with a Design Flow ≥ 0.1 mgd. All treatment works that have design flows greater than or equal to 0.1 million gallons per day must complete questions B.1 through B.6.
- C. Certification. All applicants must complete Part C (Certification).

#### SUPPLEMENTAL APPLICATION INFORMATION:

- D. Expanded Effluent Testing Data. A treatment works that discharges effluent to surface waters of the United States and meets one or more of the following criteria must complete Part D (Expanded Effluent Testing Data):
  - 1. Has a design flow rate greater than or equal to 1 mgd,
  - 2. Is required to have a pretreatment program (or has one in place), or
  - 3. Is otherwise required by the permitting authority to provide the information.
- E. Toxicity Testing Data. A treatment works that meets one or more of the following criteria must complete Part E (Toxicity Testing Data):
  - 1. Has a design flow rate greater than or equal to 1 mgd,
  - 2. Is required to have a pretreatment program (or has one in place), or
  - 3. Is otherwise required by the permitting authority to submit results of toxicity testing.
- F. Industrial User Discharges and RCRA/CERCLA Wastes. A treatment works that accepts process wastewater from any significant industrial users (SIUs) or receives RCRA or CERCLA wastes must complete Part F (Industrial User Discharges and RCRA/CERCLA Wastes). SIUs are defined as:
  - All industrial users subject to Categorical Pretreatment Standards under 40 Code of Federal Regulations (CFR) 403.6 and 40 CFR Chapter I, Subchapter N (see instructions); and
  - 2. Any other industrial user that:
    - a. Discharges an average of 25,000 gallons per day or more of process wastewater to the treatment works (with certain exclusions); or
    - b. Contributes a process wastestream that makes up 5 percent or more of the average dry weather hydraulic or organic capacity of the treatment plant; or
    - c. Is designated as an SIU by the control authority.
- G. Combined Sewer Systems. A treatment works that has a combined sewer system must complete Part G (Combined Sewer Systems).

# MONA SIGNATED OF SARKE HEREMODIST MENTAGE OF THE SARKE SARKE SERVICES OF THE SARKE S

Post Falls ID-002585-2

Form Approved 1/14/99 OMB Number 2040-0086

# प्रवाह प्रश्नेमधान स्वाह स्वाह स्वाह स्व

PAR	TA: BASIC APPL	CATION INFORMATION FO	ORVALLAPPLICANTS:	
en alla esta esta esta esta esta esta esta est		ចក្សារួមទេក្រុមទេក្រុមទេក្រុម	vas o sintrepiato application into menione	GREA.
A.1.	Facility Information.			
	Facility name	Post Falls Wastew	ater Treatment Facility	
	Mailing Address	408 N. Spokane St Post Falls, Idaho		
	Contact person	Terry C. Werner		
	Title	Public Works Supe	rintendent	
	Telephone number	(208) 777-9857		
	Facility Address	2002 West Seltice	Way	
	(not P.O. Box)	Post Falls, Idaho	83854	
A.2.	Applicant Informatio	n. If the applicant is different from	the above, provide the following:	
	Applicant name			
	Mailing Address			
		-		
	Contact person			
	Title			***************************************
	Telephone number	ATTO MANAGEMENT AND ADMINISTRATION OF THE PROPERTY OF THE PROP		
	Is the applicant the c	wner or operator (or both) of th	e treatment works?	
	X owner	X operator		
	Indicate whether corre	spondence regarding this permit si applicant	hould be directed to the facility or the applicant.	
		. ,		
A.3.	(include state-issued p		number of any existing environmental permits tha	t have been issued to the treatment works
	NPDES ID-002	585-2	PSD	
	UIC		Other	
	RCRA		Other	
A.4.	Collection System In	formation. Provide information of covide information on the type of co	n municipalities and areas served by the facility. Illection system (combined vs. separate) and its	Provide the name and population of each ownership (municipal, private, etc.).
	Name	Population Serv	ved Type of Collection System	Ownership
	Post Falls	18,500	Separate	Municipal
	Rathdrum		Separate	Municipal
	Total non	ulation served 23,626		
	i Otal POP			

Post Falls ID-002585-2

.5.				***************************************	
	Indian Country.				
	a. Is the treatment works located in Indian Cou	intry?			
•	Yes <u>X</u> No				
	b. Does the treatment works discharge to a rec through) Indian Country?	ceiving water that is either	r in Indian Country or that is	upstream from (and e	ventually flows
	YesX No				
	Flow. Indicate the design flow rate of the treatm daily flow rate and maximum daily flow rate for ex- month of "this year" occurring no more than three	ach of the last three years	s. Each year's data must be		
	a. Design flow rate3.48 mgd				
		Two Years Ago	Last Year	This Year	
	b. Annual average daily flow rate	1.970	2.028	2.100	mgd
	c. Maximum daily flow rate	2.851	2.534	2.693	mgd
	Collection System. Indicate the type(s) of collection (by miles) of each.	ection system(s) used by	the treatment plant. Check	all that apply. Also es	timate the percent
	X Separate sanitary sewer				<u> </u>
	Combined storm and sanitary sewer				%
•	Discharges and Other Disposal Methods.				
	a. Does the treatment works discharge effluent	to waters of the U.S.?		X Yes	No
	If yes, list how many of each of the following	types of discharge points	s the treatment works uses:		
	i. Discharges of treated effluent				1
	ii. Discharges of untreated or partially treat	ed effluent			0
	iii. Combined sewer overflow points				0
	iv. Constructed emergency overflows (prior	to the headworks)			0
	v. Other				0 .
į	Does the treatment works discharge effluent that do not have outlets for discharge to water.	ers of the U.S.?	er surface Impoundments	Yes	X No
	If yes, provide the following for each surface:	impoundment:			
	Location:	urface impounded ant/->			mad
	Annual average daily volume discharged to s	•			mgd
	Is discharge continuous or	Intermitten	IL?		
(	c. Does the treatment works land-apply treated	wastewater?		Yes	X No
	If yes, provide the following for each land app	lication site:			
	Location:				
	Number of acres:		***************************************		
	Annual average daily volume applied to site:		Mgd		
	Is land application continuou	s or inte	rmittent?		

Post Falls ID-002585-2

If transport is by a party	y other than the	e applicant,	provide:						
Transporter name:									
Mailing Address:									
Contact person:									
Title:									
Telephone number:									
Name: Mailing Address:									
		<b></b>							
Contact person:									
Contact person: Title:									
•	•								
Title:	IPDES permit r	number of th	ne treatment	works that rec	eives this discharge				
Title: Telephone number:	•				_	).			mg
Title: Telephone number: If known, provide the N	aily flow rate fro	m the treatm	nent works in	nto the receiving	ng facility.	3.	Yes	X	_ mg
Title: Telephone number: If known, provide the N Provide the average de	aily flow rate from the discharge of ove (e.g., unde	om the treatr or dispose o	nent works in fits wasteward	nto the receiving	ng facility.	÷.	Yes		mg
Title: Telephone number: If known, provide the N Provide the average da Does the treatment wo A.8.a through A.8.d ab	aily flow rate from the discharge of ove (e.g., under wing for each of	om the treatment of dispose of the organization of the organizatio	nent works in fits wastewa colation, we hod:	nto the receiving ter in a manno () () () () () () () () () () () () ()	ng facility.	<b>.</b>	Yes	X	_ ~

,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
FACILITY	NAME AN	D PERMIT NUMBER	

POST FALLS ID-002585-2

This permit application rm was electronically generated by P.A.S.S.

Form Approved 1/14/99 OMB Number 2040-0086

**WASTEWATER DISCHARGES:** 

If you answered "yes" to quetion A.8.a, complete questions A.9 through A.12 once for each outfall (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. If you answered "no" to question A.8.a., go to Part B, "Additional Application information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

A.9	Description of Out	fall.		
	a. Outfall number	001		
	b. Location	POST FALLS		83854
		(City of town, if applicable)		(Zip Code)
		KOOTENAI		ID
		(County)		(State)
		47 DEG 42 MIN 30 SEC		116 DEG 58 MIN 10 SEC
		(Latitude)		(Longitude)
	c. Distance from sh	ore (if applicable)	55	.ft. at low water elevation
	d. Depth below surf	ace (if applicable)	4	, ft. at low water elevation
	e. Average daily flo	w rate	2.14	mgd
	f. Does this outfall h	nave either an intermittent or a e?	yes	X_ no (go to A.9.g)
	If yes, provide the	e following information:		
	Number of times	per year discharge occurs:		
	Average duration	of each discharge:		
	Average flow per	discharge:		mgd
	Months in which	discharge occurs:		
	a la confell amoinna	ad with a difference?		V no
	g. Is outfall equippe	d with a diffuser?	yes	X no
A.10	Description of Rec	eiving Waters.		
	a. Name of receiving	g water SPOKANE RIVER		
	b. Name of watersh	ed (if known) <u>RATHDRUM-S</u>	POKANE AQUIFER	
	United States Soil	Conservation Service 14-digit water	shed code (if known):	
	c. Name of State Ma	anagement/River Basin (if known):	COEUR	D'ALENE RIVER BASIN
	United States Geo	ological Survey 8-digit hydrologic cati	aloging unit code (if knov	m <u>)</u> :
	d. Critical low flow o	f receiving stream (if applicable):		
	acute	cfs	chronic	cfs
	e. Total hardness of	receiving stream at critical low flow	(if applicable)	mg/l of CaCO <sub>3</sub>

CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS. BIOCHEMICAL OXYGEN | BOD-5 mg/L DEMAND (Report one) CBOD-5 1,600 #/100 ml #/100 ml 157 #9221E-Std meth FECAL COLIFORM 5.9 28.0 mq/L mq/L 104 #2540D-Std meth TOTAL SUSPENDED SOLIDS (TSS)

JEMID OF BARTA

Reservo the Abblication overview to determine which other parts of form 2a you must complete

POST FALLS ID-002585-2

B	:\\3	ic application information
	21	el adomonalareleaton deorgantionerenen. Elvaltoganierenduggenden.
<b>33</b> [1	อยก	zano dili edespedica sibardi metangraharaharahan perdajah perdajah. Ataur yadi kan kangrahan
B.1	. lı	offiow and Infiltration. Estimate the average number of gallons per day that flow into the treatment works from inflow and/or infiltration.
	B -	riefly explain any steps underway or planned to minimize inflow and infiltration.
B.2	m	opographic Map. Attach to this application a topographic map of the area extending at least one mile beyond facility property boundaries. This ap must show the outline of the facility and the following information. (You may submit more than one map if one map does not show the entire ea.)
	8.	The area surrounding the treatment plant, including all unit processes.
	b.	The major pipes or other structures through which wastewater enters the treatment works and the pipes or other structures through which treated wastewater is discharged from the treatment plant. Include outfalls from bypass piping, if applicable.
	C.	Each well where wastewater from the treatment plant is injected underground.
	d.	Wells, springs, other surface water bodies, and drinking water wells that are: 1) within 1/4 mile of the property boundaries of the treatment works, and 2) listed in public record or otherwise known to the applicant.
	e.	Any areas where the sewage sludge produced by the treatment works is stored, treated, or disposed.
	f.	If the treatment works receives waste that is classified as hazardous under the Resource Conservation and Recovery Act (RCRA) by truck, rail, or special pipe, show on the map where that hazardous waste enters the treatment works and where it is treated, stored, and/or disposed.
B.3.	pov dec	scess Flow Diagram or Schematic. Provide a diagram showing the processes of the treatment plant, including all bypass piping and all backup ver sources or redundancy in the system. Also provide a water balance showing all treatment units, including disinfection (e.g., chlorination and chlorination). The water balance must show daily average flow rates at influent and discharge points and approximate daily flow rates between atment units. Include a brief narrative description of the diagram.
B.4.	Op	eration/Maintenance Performed by Contractor(s).
		any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a tractor?Yes XX_No
	•	es, list the name, address, telephone number, and status of each contractor and describe the contractor's responsibilities (attach additional pages ecessary).
	Nar	ne:
	Mai	ling Address:
	Tek	ephone Number:
	Res	ponsibilities of Contractor:
	unc trea	neduled improvements and Schedules of implementation. Provide information on any uncompleted implementation schedule or ompleted plans for improvements that will affect the wastewater treatment, effluent quality, or design capacity of the treatment works. If the trent works has several different implementation schedules or is planning several improvements, submit separate responses to question B.5 for h. (If none, go to question B.6.)
	a.	List the outfall number (assigned in question A.9) for each outfall that is covered by this implementation schedule.
		001
	b.	Indicate whether the planned improvements or implementation schedule are required by local, State, or Federal agencies.
		Yes XXNo

d. Provide dates in For improvement Indicate dates a	p. 6.5.b is "Yes," brief nposed by any compute planned independants accurately as pos	pliance schedule		m daily inflow n	ate (if applicat		umber 2040-0086
d. Provide dates in For improvement Indicate dates a	nposed by any com	pliance schedule		m daily inflow r	ate (if applicat	ole).	
For improvement indicate dates a limplementation	nts planned indepen	ndently of local, Si	or one orbinal data				• • •
•		Sidic.	tate, or Federal ac	s of completion pencles, Indicate	i for the Implen	nentation steps listed bek ctual completion dates, a	ow, as applicable. s applicable.
•		Schedule	A	ctual Completic	on		
	Stage	MM/DD/		M/DD/YYYY			
Begin constru	ction	02 , 02, 2004		_/			
- End construct	ion	04,06			•		
- Begln dischar	ge			<i></i>	,		
- Attain operation	nal level			_//	. •		
e. Have appropriat	e permits/clearance	s concerning other	er Federal/State n	equirements bea	en obtained?	_XX_YesNo	
	10/24/03 -	Plans & Spec	s for WWTP	Oxidation [	Ditch #2 A	Neration	
	reviewed &	approved by	Mr. John Ti	ndall, PE,	IDEQ, Coe	eur d'Alene, ID	
and one-half years of Outfall Number:00	Id. 01 Massisis Pene	INCEPALY PARES Diffs		e based on at the based of at the based on at		lutant scans and must be	no more than four
CONVENTIONAL AND NO	NCONVENTIONAL	. COMPUUNDA.	T				
AMMONIA (as N)	4.87	mg/L	0.48	mg/L	111	4500NH3DISE-S+	meth.
CHLORINE (TOTAL RESIDUAL, TRC)	0.15	/1	0.02	//	7.00	4500-C1 G Std.	
DISSOLVED OXYGEN	0.17	mg/L	0.02	mg/L	366	4700-01 6 314.	метп.
		<del> </del>					
NITROGEN (TKN) NITRATE PLUS NITRITE NITROGEN					-		***************************************
TOTAL KJELDAHL NITROGEN (TKN) NITRATE PLUS NITRITE NITROGEN DIL and GREASE PHOSPHORUS (Total)	3.40	ma /1	0.43		65	765	
NITROGEN (TKN) NITRATE PLUS NITRITE NITROGEN DIL and GREASE	3.40	mg/L	0.43	mg/L	_65	USEPA 365.3	
NITROGEN (TKN) NITRATE PLUS NITRITE NITROGEN DIL and GREASE PHOSPHORUS (Total) TOTAL DISSOLVED	3.40	mg/L	0.43	mg/L	_65	USEPA 365.3	

FACILITY NAME AND PER	MIT NUMBER:			Form Approved 1/14/99 OMB Number 2040-0086
POST FALLS ID-OC	2585-2			OMID MUTIDEL 2040-0086
BASIGAPPICAT	ION INFORMER	NON .		
្រុស្ស ្រួមគ្នកព្រះប្រជុំ				
Arasonemie metropoloje Arasonemies iem energije Arasonemies energije	ika Cerlicepon senton eponendeseenonskaffa p Bysigning dis earlie	Rającie representacji jedani m. 20. seczycznectniko zgod don seconem zgodenie cenn milicie	ine vie So-offer in he d Sopor Cyerren - in eld let myligi insylava evistissi F	urisses indistrementation – 17 novodicipalismi from 2A god aug indizagni fiena godolami dassidos
i		mpleted and are submitting:	Section in a constant of the c	tien televisien van televisien televisien der kantanten televisien televisien der den den der den der den der
X Basic Application	n Information packet	Supplemental Application In	formation packet:	
•		X Part D (Expanded	Effluent Testing Data)	
		Part E (Toxicity Tes	sting: Biomonitoring Data)	
		X Part F (Industrial U	ser Discharges and RCRA/C	ERCLA Wastes)
		Part G (Combined	Sewer Systems)	
ALL APPLICANTS MUST C	OMPLETE THE FOLLO	WING CERTIFICATION		
to assure that qualified person system or those persons dire	nnel properly gather and o ctly responsible for gathe	evaluate the information submitte ring the information, the information	ed. Based on my inquiry of the tion is, to the best of my know	n in accordance with a system designed to person or persons who manage the fiedge and belief, true, accurate, and fine and imprisonment for knowing
Name and official title	TERRY C. WER	NER, PUBLIC WORKS	SUPERINTENDENT	
Signature	Dany	Celleria		
Telephone number	(208)777-98	57		
Date signed	OA 23	5/04		
Upon request of the permittin or identify appropriate permitt	g authority, you must sub ing requirements.	mit any other information neces:	sary to assess wastewater trea	atment practices at the treatment works

SEND COMPLETED FORMS TO:

POST FALLS ID-002585-2

Form Approved 1114/99 OMB Number 2040-0086

# SUPPLEMENTAL APPLICATION INFORMATION

# PART D: EXPANDED EFFLUENTITIESTING DATA

scans and must be no more than four and one-half years old.

Effluent Testing: 1.0 mgd and Pretreatment Treatment Works. If the treatment works has a design flow greater than or equal to 1.0 mgd or it has (or is required to have) a pretreatment program, or is otherwise required by the permitting authority to provide the data, then provide effluent testing data for the following pollutants. Provide the indicated effluent testing information and any other information required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analyses conducted using 40 CFR Part 136 methods. In addition, these data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. Indicate in the blank rows provided below any data you may have on pollutants not specifically listed in this form. At a minimum, effluent testing data must be based on at least three pollutant

Outfall number: \_\_001 \_\_\_\_\_ (Complete once for each outfall discharging effluent to waters of the United States.)

references investors on the coverage to determine whether his section applies to the regiment was

POLLUTANT.	机煤厚	distant	HARGE	Y		WE WA	(FI)A(D	ensor.	MRET.	1	1-1-1-1 + A		
		Unit	Mess	Ohije		elnis 1	Melas	Minte	Minister Di Samples	ANA (TUBA) METHER	VITA WINE		
METALS (TOTAL RECOVERABLE)	CYANIDE,	PHENO	LS, AND	HARDNES	SS.	_					Classic residence		
ANTIMONY													
ARSENIC													
BERYLLIUM						-							
CADMIUM	.0910	ppb	.0017	lbs/ day	.0388	ppb	.0007	lbs/ day	13	ICP-AES 3120-Cd			
CHROMIUM				i Fi						4			
COPPER	11.90	ppb	.1880	lbs/ day	5.344	ррь	.0939	lbs/ day	-13	ICP-AES 3120-Cu			
LEAD	1.230	ppb	.0228	lbs/ day	.4149	ррь	.0073	lbs/ day	13	ICP-AES 3120-Pb			
MERCURY													
NICKEL		1			154								
SELENIUM													
SILVER													
THALLIUM													
ZINC	68.30	ppb	1,263	lbs/ day	47.25	ppb	.8353	lbs/ day	13	ICP-AES 3120-Zn			
CYANIDE													
TOTAL PHENOLIC COMPOUNDS					H			ZÜ					
HARDNESS (AS CaCO <sub>3</sub> )													
Use this space (or a separate sheet) t	o provide in	formation	on other	metals rec	quested by	the per	mit writer.						

POST FALLS ID-002585-2

Outfall number: 001	Jan mary	AAXIMI	MODAIE	Υ	1 - 7	VERAC	HOAIG	TO SEE	e United Sta						
	<ul> <li>**: **********************************</li></ul>	T) ille D) S(r)	Males Males	·Me	168.00	Units	Mass	Junis.	Number	ANNETTICAL	₹ Me/Mix				
VOLATILE ORGANIC COMPOUNDS.		- 10	191			1			n Samples	AME WEIGHT	li bilis				
ACROLEIN											T				
ACRYLONITRILE															
BENZENE										-					
BROMOFORM			1												
CARBON TETRACHLORIDE					П										
CLOROBENZENE															
CHLORODIBROMO-METHANE															
CHLOROETHANE															
2-CHLORO-ETHYLVINYL ETHER															
CHLOROFORM															
DICHLOROBROMO-METHANE		1					11								
1,1-DICHLOROETHANE															
1,2-DICHLOROETHANE								I							
TRANS-1,2-DICHLORO-ETHYLENE		П													
1,1-DICHLOROETHYLENE															
1,2-DICHLOROPROPANE		T								1196					
1,3-DICHLORO-PROPYLENE			9			Н									
ETHYLBENZENE															
METHYL BROMIDE															
METHYL CHLORIDE								I							
METHYLENE CHLORIDE						1.									
1,1,2,2-TETRACHLORO-ETHANE															
TETRACHLORO-ETHYLENE				[1]											
TOLUENE	7 10														

POST FALLS ID-002585-2

Outfall number: 001	(Complete once for each outfall discharging effluent to waters of the United States.)												
POLETRANI		MAZIM	UNDAIL HARGE	Y	AVERAGE DAILY DISEMARGE								
	E.me			. Unite	Clente	li is	Mass.	d .	Numera oi Semples	AMALY IFAL METROD	360.00		
1,1,1-TRICHLOROETHANE							-		esaithea		. 140-1-1		
1,1,2-TRICHLOROETHANE													
TRICHLORETHYLENE													
VINYL CHLORIDE				15				57			14 1 1		
Use this space (or a separate sheet) to	provide i	informatio	n on other	volatile o	rganic cor	npounds	requested	d by the	permit writer.				
ACID-EXTRACTABLE COMPOUNDS							1.4	-					
P-CHLORO-M-CRESOL													
2-CHLOROPHENOL		IT	1										
2,4-DICHLOROPHENOL											-		
2,4-DIMETHYLPHENOL													
4,6-DINITRO-O-CRESOL									N. I				
2,4-DINITROPHENOL													
2-NITROPHENOL													
4-NITROPHENOL											*		
PENTACHLOROPHENOL													
PHENOL													
2,4,6-TRICHLOROPHENOL				ш									
Use this space (or a separate sheet) to	provide l	nformation	on other	acid-extra	ictable cor	mpounds	requeste	d by the	permit writer.				
BASE-NEUTRAL COMPOUNDS.	1		-										
ACENAPHTHENE	H												
ACENAPHTHYLENE													
ANTHRACENE													
BENZIDINE													
BENZO(A)ANTHRACENE					, ii								

BENZO(A)PYRENE							14	- 4	1 1		14
FACILITY NAME AND PERMIT N		₹:					,,,			Form Appro OMB Numb	oved 1/14/99 ber 2040-0086
Outfall number: 001	_								e United State	s.)	
MALEITANI.	19	DISCI	MRGE.	<b>V</b>	0 - 9						TIN DA
	Cone	Units	Meiss	Lines	Birme	Linds	Mass	Unis	Number Et Semples	AND PROD	MELMID
3,4 BENZO-FLUORANTHENE		LI CONTROLLO			NAME OF TAXABLE PARTY.		Acceptance	NALE OF	a campaça	)	
BENZO(GHI)PERYLENE				11							
BENZO(K)FLUORANTHENE				M							
BIS (2-CHLOROETHOXY) METHANE				11							
BIS (2-CHLOROETHYL)-ETHER											
BIS (2-CHLOROISO-PROPYL) ETHER											
BIS (2-ETHYLHEXYL) PHTHALATE							. 1				LC
4-BROMOPHENYL PHENYL ETHER											
BUTYL BENZYL PHTHALATE											
2-CHLORONAPHTHALENE						L					
4-CHLORPHENYL PHENYL ETHER											
CHRYSENE							H				
DI-N-BUTYL PHTHALATE											
DI-N-OCTYL PHTHALATE	151					ī					
DIBENZO(A,H) ANTHRACENE											
,2-DICHLOROBENZENE								7-			
3 DICHI OROBENZENE	177					h 1					

1,4-DICHLOROBENZENE

3,3-DICHLOROBENZIDINE

DIETHYL PHTHALATE

DIMETHYL PHTHALATE

2,4-DINITROTOLUENE

2,6-DINITROTOLUENE

HEXACHLOROBUTADIENE HEXACHLOROCYCLO- PENTADIENE HEXACHLOROCTHANE INDENO(1,2,3-CD)PYRENE ISOPHORONE NAPHITHALENE NITROBENZENE NITROBENZENE NITROSODI-N-PROPYLAMINE N-NITROSODI-N-PROPYLAMINE N-NITROSODI-METHYLAMINE N-NITROSOD												
POST FALLS ID-002585-2  Outdit number: O01  (Complete once for each outfall discharging effluent to waters of the United States.)  POST FALLS ID-002585-2  Outdit number: O01  (Complete once for each outfall discharging effluent to waters of the United States.)  POST FALLS ID-002585-2  DISC DISC DISC DISC DISC DISC DISC DISC	1,2-DIPHENYLHYDRAZINE											
PROPERTY AND			₹:	3.9					12	,( )	Form Ap, OMB Nu	proved 1/14/99 mber 2040-0086
FLUORANTHENE FLUORANTHENE FLUORENE FLUO											es.)	
FLUCRENTE  FLUCRENE  HEXACHLOROBENZENE  HEXACHLOROBUTADIENE  HEXACHLOROCYCLO- PENTADIENE  HEXACHLOROCTHANE  INDENO(1,2,3-CD)PYRENE  ISOPHORONE  NAPHTHALENE  NITROBENZENE  NITROBENZENE  NNITROSODI-N-PROPYLAMINE  NNITROSODI-METHYLAMINE  NNITROSODI-METHYLAMINE  NNITROSODI-METHYLAMINE  PHENANTHRENE  PHENANTHRENE  PYRENE  1,2,4-TRICHLOROBENZENE  Usis this space (or a separate sheet) to provide information on other base-neutral compounds requested by the permit writer.	POLLUTANT		BISC	HARGE				Mass	Unis	Number	ADAL/AGA:	MU/ME)
HEXACHLOROBUTADIENE HEXACHLOROGUTADIENE HEXACHLOROCYCLO- PENTADIENE HEXACHLOROCTHANE INDENO(1,2,3-CD)PYRENE ISOPHORONE NAPHTHALENE NITROBENZENE NITROBENZENE NITROSODI-N-PROPYLAMINE N-NITROSODI-METHYLAMINE N-NITROSODI-METHYLAMINE PHENANTHRENE PYRENE 1,2,4-TRICHLOROBENZENE Use this space (or a separate sheet) to provide information on other base-neutral compounds requested by the permit writer.	FLUORANTHENE			200	liter.	LY)	West	190		Samples	1021-122	
HEXACHLOROGYCLO- PENTADIENE HEXACHLOROGETHANE INDENO(1,2,3-CD)PYRENE ISOPHORONE NAPHTHALENE NITROSODI-N-PROPYLAMINE N-NITROSODI-N-PROPYLAMINE N-NITROSODI-N-PROPYLAMINE N-NITROSODI-PHENYLAMINE N-NITROSODI-PHENYLAMINE N-NITROSODI-PHENYLAMINE N-NITROSODI-PHENYLAMINE N-NITROSODI-PHENYLAMINE USe bits space (or a separate sheet) to provide information on other base-neutral compounds requested by the permit writer.	FLUORENE	1										
HEXACHLOROCYCLO- PENTADIENE  HEXACHLOROCTHANE  HEXACHLOROCTHANE  HEXACHLOROCTHANE  HEXACHLOROCTHANE  HOENO(1,2,3-CD)PYRENE  ISOPHORONE  NAPHTHALENE  NITROBENZENE  NITROBENZENE  NITROSODI-N-PROPYLAMINE  N-NITROSODI-METHYLAMINE  N-NITROSODI-PHENYLAMINE  PHENANTHRENE  PHENANTHRENE  PYRENE  1,2,4-TRICHLOROBENZENE  Use this space (or a separate sheet) to provide information on other base-neutral compounds requested by the permit writer.	HEXACHLOROBENZENE											
Use this space (or a separate sheet) to provide information on other base-neutral compounds requested by the permit writer.	HEXACHLOROBUTADIENE											
INDENO(1,2,3-CD)PYRENE ISOPHORONE NAPHTHALENE NITROBENZENE N-NITROSODI-N-PROPYLAMINE N-NITROSODI-METHYLAMINE N-NITROSODI-PHENYLAMINE PHENANTHRENE												
ISOPHORONE  NAPHTHALENE  NITROBENZENE  N-NITROSODI-N-PROPYLAMINE  N-NITROSODI-METHYLAMINE  N-NITROSODI-PHENYLAMINE  PHENANTHRENE  PYRENE  1,2,4-TRICHLOROBENZENE  Use this space (or a separate sheet) to provide information on other base-neutral compounds requested by the permit writer.	HEXACHLOROETHANE					1						
NAPHTHALENE NITROSENZENE N-NITROSODI-N-PROPYLAMINE N-NITROSODI-PHENYLAMINE N-NITROSODI-PHENYLAMINE PHENANTHRENE PYRENE 1,2,4-TRICHLOROBENZENE Use this space (or a separate sheet) to provide information on other base-neutral compounds requested by the permit writer.	INDENO(1,2,3-CD)PYRENE											
N-NITROSODI-N-PROPYLAMINE N-NITROSODI-METHYLAMINE N-NITROSODI-PHENYLAMINE PHENANTHRENE PYRENE 1,2,4-TRICHLOROBENZENE Use this space (or a separate sheet) to provide information on other base-neutral compounds requested by the permit writer.	ISOPHORONE											
N-NITROSODI-N-PROPYLAMINE N-NITROSODI-METHYLAMINE N-NITROSODI-PHENYLAMINE PHENANTHRENE PYRENE 1,2,4-TRICHLOROBENZENE Use this space (or a separate sheet) to provide information on other base-neutral compounds requested by the permit writer.	NAPHTHALENE											
N-NITROSODI- METHYLAMINE  N-NITROSODI-PHENYLAMINE  PHENANTHRENE  PYRENE  1,2,4-TRICHLOROBENZENE  Use this space (or a separate sheet) to provide information on other base-neutral compounds requested by the permit writer.	NITROBENZENE											
N-NITROSODI-PHENYLAMINE  PHENANTHRENE  PYRENE  1,2,4-TRICHLOROBENZENE  Use this space (or a separate sheet) to provide information on other base-neutral compounds requested by the permit writer.	N-NITROSODI-N-PROPYLAMINE											
PHENANTHRENE  PYRENE  1,2,4-TRICHLOROBENZENE  Use this space (or a separate sheet) to provide information on other base-neutral compounds requested by the permit writer.	N-NITROSODI- METHYLAMINE											
PYRENE  1,2,4-TRICHLOROBENZENE  Use this space (or a separate sheet) to provide information on other base-neutral compounds requested by the permit writer.	N-NITROSODI-PHENYLAMINE											
1,2,4-TRICHLOROBENZENE  Use this space (or a separate sheet) to provide information on other base-neutral compounds requested by the permit writer.	PHENANTHRENE					) = 1						
Use this space (or a separate sheet) to provide information on other base-neutral compounds requested by the permit writer.	PYRENE							Ŀ,				
											x	
Use this space (or a separate sheet) to provide information on other pollutants (e.g., pesticides) requested by the permit writer.	Use this space (or a separate sheet)	to provide in	formation	on other	base-neu	tral compo	ounds req	uested by	the pem	nit writer.		
	Use this space (or a separate sheet)	to provide in	formation	on other	pollutants	(e.g., pes	ticides) n	equested	by the pe	rmit writer.		
	will be builded out to an		200	-			- Company	SWIED OF	100000000			The state of the s

24 YOU MUST COMPLETE

POST FALLS ID-002585-2

Form Approved 1/14/99 OMB Number 2040-0086

# SUPPLEMENTAL APPLICATION INFORMATION PARTIE TROXISTRY TESTING DATA (POIDNS, needing one or more of utentillowing) entered must provide in a results of whole, and making a particular control of the control of adifys declare come. I POLYS with extended polytrate greater that the equation is made. It is not the companies of the control Sidero appressible locally and lesing or remainder that a todally, depositing only angeother and determined. Demokrafields information of control services of the control of the second ristian ip eFR Par 155 mail 1008 - main indre it season in stromen with Oxid Creamin mans of 10 046 Par 155 and other accomplish MACE requirements to settlent methods for greates non-collessed by the Figure 35. The following the people of the following tests mentioned the control of the collection of MARKA TELEVISION = Selection of the Contraction of the Contraction thy or law areas, submitted any or the information requested in Parket, you recount submit regain. Failing characters from a time of the information of the country of the requestion may est to a greaterst submitted information. If EPA methods were not used report the reasonable, using alternate methods. The strong are available that continued to the information requester below, may no submitted in place of Pentel. The transcion replace was fulled decade applied PATE | PRESID the Application Exercises in substance on which case the original income. E.1. Required Tests. Indicate the number of whole effluent toxicity tests conducted in the past four and one-half years. 10 chronic acute E.2. Individual Test Data. Complete the following chart for each whole effluent toxicity test conducted in the last four and one-half years. Allow one column per test (where each species constitutes a test). Copy this page if more than three tests are being reported. Test number: Test number: Test number: a Test information Test species & test method number Age at initiation of test Outfall number Dates sample collected Date test started Duration b. Give toxicity test methods followed. Manual title Edition number and year of publication Page number(s) c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used. 24-Hour composite Grab d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each) Before disinfection After disinfection

After dechlorination

POST FALLS ID-002585-2

Test	number: Test nu	mber: Test no	umber:
e. Describe the point in the treatment process at	which the sample was collected.		
Sample was collected:			
f. For each test, include whether the test was interest.	ended to assess chronic toxicity, acute to	xicity, or both.	
Chronic toxicity			
Acute toxicity			
g. Provide the type of test performed.			
Static			
Static-renewal Static-renewal			
Flow-through			
h. Source of dilution water. If laboratory water, s	pecify type; If receiving water, specify sou	rce.	
Laboratory water			
Receiving water			
I. Type of dilution water. It salt water, specify "na	tural" or type of artificial sea salts or brine	used.	
Fresh water			
Salt water			
j. Give the percentage effluent used for all conce	ntrations in the test series.		
2001 Milk 3/44			
() (1) (1) (1) (1) (1) (1) (1) (1) (1) (			
MAY SEE AND			
k. Parameters measured during the test. (State w	thether parameter meets test method spe	cifications)	
рН			
Salinity			
Temperature			
Ammonia .			
Dissolved oxygen			
I. Test Results.			
Acute:			
Percent survival in 100% effluent	%	%	%
LC <sub>50</sub>			
95% C.I.	%	%	%
Control percent survival	%	%	%
Other (describe)			

FACILITY NAME AND PERMIT NUMBER: POST FALLS ID-002585-2		Form Approved 1/14/99 OMB Number 2040-0086		
Chronic:	7	3		
NOEC	%	%	%	
IC <sub>25</sub>	%	%	%	
Control percent survival	%	%	%	
Other (describe)				
m. Quality Control/Quality Assurance.				
is reference toxicant data available?				
Was reference todcant test within acceptable bounds?				
What date was reference toxicant test run (MM/DD/YYYY)?			<u> </u>	
Other (describe)				
E.4. Summary of Submitted Biomonitoring of toxicity, within the past four and one-in results.	scribe:	bmitted biomonitoring test information,	or Information regarding the cause authority and a summary of the	
Date submitted:  Summary of results: (see Instructions)	(MM/DD/YYYY) ON SEPA	RATE SHEET		
	END OF PA	RTE		

END OF PART E.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH CITHER PARTS OF FORM
24 YOU MUST COMPLETE.

POST FALLS ID-002585-2

This permit application was electronically generated by P.A.S.S.

Form Approved 1/14/99 OMB Number 2040-0086

Date submitted:

11/11/1999

MM/DD/YYYY

Summary of results: (see instructions)

NO TOXICITY

Date submitted:

05/04/2000

MM/DD/YYYY

Summary of results: (see instructions)

NO CHRONIC TOXICITY

Date submitted:

03/08/2001

MM/DD/YYYY

Summary of results: (see instructions)

NO TOXICITY

Date submitted:

08/16/2001

MM/DD/YYYY

Summary of results: (see instructions)

NO TOXICITY

Date submitted.

11/01/2001

MM/DD/YYYY

Summary of results: (see instructions)

NO TOXICITY

Date submitted:

07/18/2002

MM/DD/YYYY

Summary of results: (see instructions)

NO TOXICITY

FACILI	TY N	AME.	AND	PERMIT	NUMBER:	
POST	FA	IIS	TI	0-002	585-2	

This permit applicat m was electronically generated by P.A.S.S.

Form Approved 1/14/99 OMB Number 2040-0086

Date submitted:

10/10/2002

MM/DD/YYYY

Summary of results: (see instructions)

NO TOXICITY

Date submitted:

07/17/2003

MM/DD/YYYY

Summary of results: (see instructions)

NO TOXICITY

Date submitted:

09/14/2000

MM/DD/YYYY

Summary of results: (see instructions)

NO TOXICITY

Date submitted:

11/06/2003

MM/DD/YYYY

Summary of results: (see instructions)

NO TOXICITY

END OF PART E.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A
YOU MUST COMPLETE

POST FALLS ID-002585-2

Form Approved 1/14/99 OMB Number 2040-0086

# SUPPLEMENTAL APPLICATION INFORMATION INDUSTRIAL USER DISCHARGES AND ROPA CERGLA WASTES All realigant would reserving discharges it om skinlike incharbable users or vinder reserve RCRA. DERGLA condition the mean visites must GENERAL INFORMATION: F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program? F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of Industrial users that discharge to the treatment works. a. Number of non-categorical SIUs. b. Number of CIUs. SIGNIFICANT INDUSTRIAL USER INFORMATION: Supply the following informations (preside Stut. Armitic line one Stut disciting the fire treatment voltes copy (guestions equiployed the unit provide the information reglested for each SIU F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary. FLEXCEL Name: 1881 W. SELTICE WAY Mailing Address: POST FALLS, IDAHO 83854 F.A. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge. METAL REFINISHING F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's METAL OFFICE FURNITURE AND PANEL SYSTEMS Principal product(s): STEEL AND ALUMINUM Raw material(s): F.6. Flow Rate. a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or Intermittent. (\_\_\_\_continuous or \_\_\_X\_intermittent) gpd b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallions per day (gpd) and whether the discharge is continuous or intermittent. 4,877 continuous or X intermittent)

F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following

	deadlient Standards. Indicate wheth		
1.00	Local limits	_X YesNo	
b.	Categorical pretreatment standards _	Yes X No	
	subject to categorical pretreatment stand		y?

POST FALLS ID-002585-2		- Fr. 0	orm Approved 1/14/99 MB Number 2040-0086
F.8. Problems at the Treatment Works upsets, interference) at the treatment	Attributed to Waste Discharged by the works in the past three years?	e SIU. Has the SIU caused or contributed to	any problems (e.g.,
Yes X No If yes,	describe each episode.		
RCRA HAZARDOUS WASTE RECE	The state of the s		
F.9. RCRA Waste. Does the treatment w YesXNo (go to F.12.)	orks receive or has it in the past three yea	ars received RCRA hazardous waste by truck	c, rall, or dedicated pipe
F.10. Waste Transport. Method by which	RCRA waste is received (check all that a	apply):	
TruckRail	Dedicated Pipe		
F.11. Waste Description. Give EPA haza EPA Hazardous Waste Number	ardous waste number and amount (volume	e or mass, specify units). <u>Units</u>	
	7		
	-		
CERCLA (SUPERFUND) WASTEW.			
Yes (complete F.13 through F.	V	ied that it will) receive waste from remedial ad	tivities?
7.13. Waste Origin. Describe the site and the next five years).	type of facility at which the CERCLA/RCI	RA/or other remedial waste originates (or is e	xpected to originate in
.14. Pollutants. List the hazardous const (Attach additional sheets if necessary		to be received). Include data on volume and	concentration, if know
.15. Waste Treatment. a. Is this waste treated (or will it be	reated) prior to entering the treatment wo	rks?	
YesNo If yes, describe the treatment (pro	ovide information about the removal efficie	ncy):	
b. Is the discharge (or will the discharge Continuous	arge be) continuous or intermittent?intermittent if intermittent, de	escribe discharge schedule.	_
REFER TO THE APPLICAT		ITF. ERMINE WHIGH OTHER PA MPLETE	RTS OF FOR

Form Approved 1/14/99

# OMB Number 2040-0086 POST FALLS ID-002585-2 SUPPLEMENTAL APPLICATION INFORMATION INDUSTRIAL USER DISCHARGES AND RORA/CERGLA WASTES All treatment works receiving discharges from significant industrial users or which receive RGRA. CERCLA, profile remedial wastes must complète Part E. GENERAL INFORMATION: F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program? Yes X No F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works. a. Number of non-categorical SIUs. 0 b. Number of CIUs. SIGNIFICANT INDUSTRIAL USER INFORMATION: Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions Figurinough Figure provide the information requested for each SIU F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary. QUALITY COATINGS Name: 590 S. CLEARWATER LOOP, SUITE B Malling Address: POST FALLS, IDAHO 83854

F.4.	Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.
	METAL REFINISHING

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge. ANODIZED ALUMINUM PARTS Principal product(s): ALUMINUM Raw material(s);

#### F.6. Flow Rate.

27.766

	21 1755 gpd ( Continuous of 22 internition)
b.	Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.
	27,766 gpd (continuous orX_intermittent)

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day

F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

(gpd) and whether the discharge is continuous or intermittent.

a.	Local limits	X YesNo
b.	Categorical pretreatment standards	YesX_No
If s	subject to categorical pretreatment stand	lards, which category and subcategory?

POST FALLS ID-002585-2	Form Approved 1/14/99 OMB Number 2040-0086
	scharged by the SIU. Has the SIU caused or contributed to any problems (e.g., ears?
YesX_/lo If yes, describe each episode.	
	· ·
RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RA F.9. RCRA Waste. Does the treatment works receive or has it in theYesNo (go to F.12.)	AIL, OR DEDICATED PIPELINE: ne past three years received RCRA hazardous waste by truck, rail, or dedicated pipe?
F.10. Waste Transport. Method by which RCRA waste is received	(check all that apply);
TruckRailDedicate	
F.11. Waste Description. Give EPA hazardous waste number and EPA Hazardous Waste Number Amou	
CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIAL ACTION WASTEWATER, AND OTHER REMEDIAL ACTION	
Provide a list of sites and the requested information (F.13 - F.1  F.13. Waste Origin. Describe the site and type of facility at which the next five years).	15.) for each current and future site. see CERCLA/RCRA/or other remedial waste originates (or is expected to originate in
F.14. Pollutants. List the hazardous constituents that are received (c (Attach additional sheets if necessary).	or are expected to be received). Include data on volume and concentration, if known.
F.15. Waste Treatment.	
a. Is this waste treated (or will it be treated) prior to entering theYesNo     If yes, describe the treatment (provide information about the	
b. Is the discharge (or will the discharge be) continuous or inte	ermittent? f intermittent, describe discharge schedule.
ENE	DOF PART F

2A YOU MUST COMPLETE

Page 19 of 21

POST FALLS ID-002585-2

Form Approved 1/14/99 OMB Number 2040-0086

SUPPLEMENTA	L WEIGHT IN A	TRUE NUMBER	CONTRACTION OF THE PARTY OF THE
SUPERIOR NIPA	FINE REPORT	A LITTLE TO THE TOTAL	CHAMISTURE

# PART F. INDUSTRIAL USER DISCHARGES AND REPARERELA WASTES Althreatment works, receiving also harges from significant inclusional users on which reserve RCRA, PERCLA, or other remedian wastes must complete Parille **GENERAL INFORMATION:** F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program? Yes X No F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of Industrial users that discharge to the treatment works. a. Number of non-categorical SIUs. 0 b. Number of CIUs. SIGNIFICANT INDUSTRIAL USER INFORMATION: Supply the following information for addition. If more than one studies hardened the treatment order, copy questions exculting it example. provide the information requested for each SIU. F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary. POTLATCH CORPORATION Name: P.O. BOX 788 Mailing Address: POST FALLS, IDAHO 83877 F.A. Industrial Processes. Describe all of the Industrial processes that affect or contribute to the SIU's discharge. PARTICLE BOARD MANUFACTURING F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge. PARTICLE BOARD Principal product(s): WOOD SHAVINGS Raw material(s): F.6. Flow Rate. a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent. 91.3 gpd ( continuous or X intermittent) b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent. 91.3 gpd ( continuous or X intermittent) F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following: X yes No a. Local limits \_Yes \_X No b. Categorical pretreatment standards If subject to categorical pretreatment standards, which category and subcategory?

OST FALLS ID-002585-2  F.8. Problems at the Treatment Works Attributed to Waste Discharged by the SIU. Has the upsets, interference) at the treatment works in the past three years? Yes X_No	
upsets, interference) at the treatment works in the past three years?	CONTROL CONTRO
Yes_X_No If yes, describe each episode.	e SIU caused or contributed to any problems (e.g.,
RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PI	PELINE:
F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received F Yes X Nc., go to F.12.)	CRA hazardous waste by truck, rail, or dedicated pipe
.10. Waste Transport. Method by which RCRA waste is received (check all that apply):	
TruckRallDedicated Pipe	
	- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10
.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, sp EPA Hazardous Waste Number Amount	ecify units). Units
EFA Razaldous yeasie Number	Oliks
The second of the second secon	
ERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE CTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:	
12. Remediation Waste. Does the treatment works currently (or has it been notified that it will)	receive waste from remedial activities?
Yes (complete F.13 through F.15.) X_No	
Provide a list of sites and the requested information (F.13 - F.15.) for each current and future	e site.
43 Wasta Origin Describe the site and time of facility at which the CERCLA/RCRA/or other re	medial wasta priningtes for is expected to prining in
.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other retthe next live years).	medial waste originates (or is expected to originate in
	medial waste originates (or is expected to originate in
	medial waste originates (or is expected to originate in
.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other rethe next five years).	medial waste originates (or is expected to originate in
the next five years).	
the next five years).	
the next five years).	
the next five years).	
the next five years).  14. Pollutants. List the hazardous constituents that are received (or are expected to be received (Attach additional sheets if necessary).  15. Waste Treatment.	
the next five years).  14. Pollutants. List the hazardous constituents that are received (or are expected to be received (Attach additional sheets if necessary).  15. Waste Treatment.  a. Is this waste treated (or will it be treated) prior to entering the treatment works?	
the next five years).	
the next five years).  14. Pollutants. List the hazardous constituents that are received (or are expected to be received (Attach additional sheets if necessary).  15. Waste Treatment.  a. Is this waste treated (or will it be treated) prior to entering the treatment works?	
the next five years).  Pollutants. List the hazardous constituents that are received (or are expected to be received (Attach additional sheets if necessary).  15. Waste Treatment.  a. Is this waste treated (or will it be treated) prior to entering the treatment works?  YesNo  If yes, describe the treatment (provide information about the removal efficiency):	
the next five years).	d). Include data on volume and concentration, if known

2A YOU MUST COMPLETE

Page 19 of 21

POST FALLS ID-002585-2

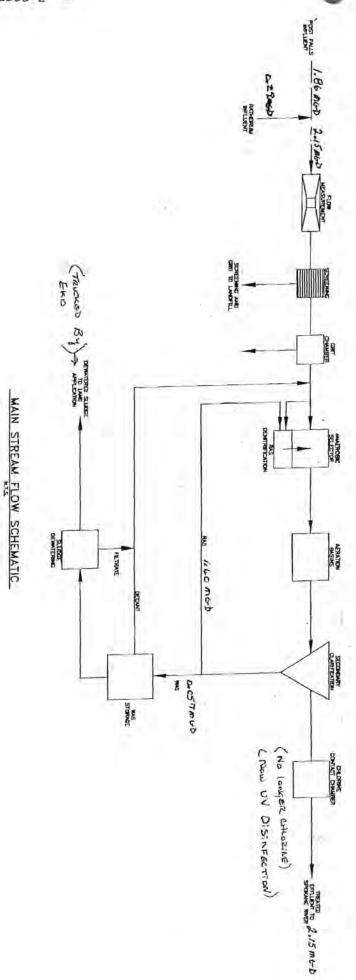
SUPPLEMENTAL	APPLICATION	INFORMATION
OURLEGMENTER	AGGERGATION	THEO INTERIOR

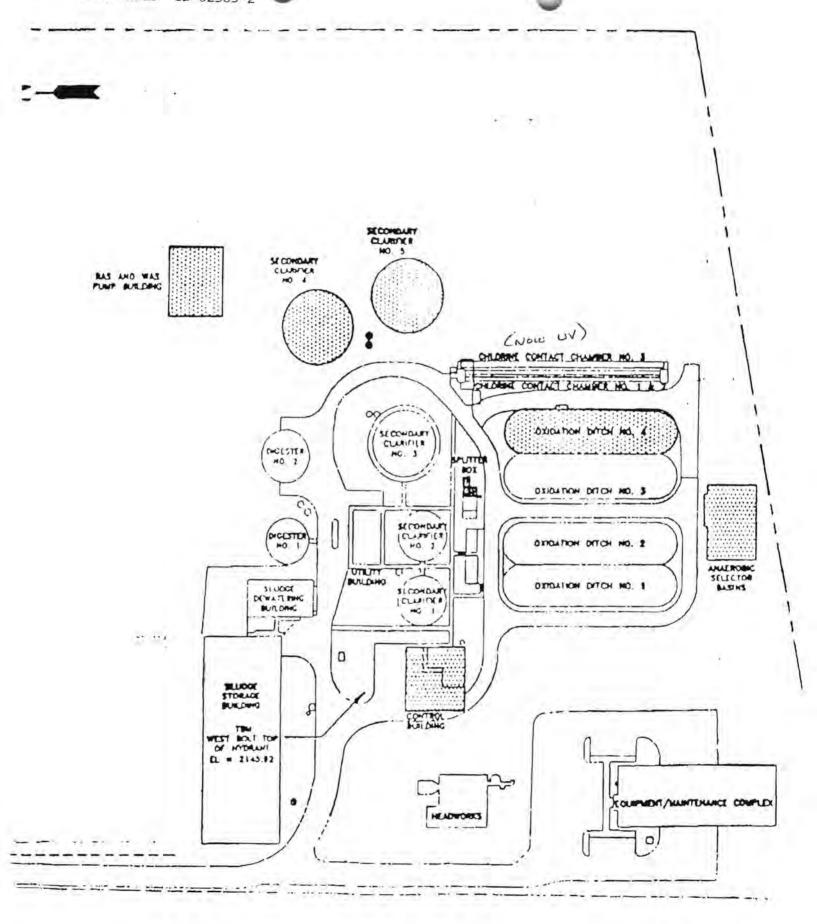
PA	I CALCULATE HE ST	
		ual diser disofiarises and repaidergla wastes
All in	eatment vonks releiv NGC Parks	ing disenages it on significant chalastral usass or which passive RGRA. REROLA, a como remedia ( zistes que p
GEN	NERAL INFORMA	ATION:
F.1.	Pretreatment Program	m. Does the treatment works have, or is it subject to, an approved pretreatment program?
F.2.		nt Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of scharge to the treatment works.
	Number of non-ca     Number of CIUs.	tegorical SIUs. 4
eic		TRIAL USER INFORMATION:
50.00	THE REAL PROPERTY.	maion foreach sitt. If more than one sitt discharges to the treatment works, copy questions ≥3 through ≥8-ind-
provi	de ne momellone	questo (or each SIU)
F.3.	Significant Industrial as necessary.	User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages
	Name:	CITY OF RATHDRUM
	Mailing Address:	821 B MAIN STREET
		RATHDRUM, IDAHO 83858
F.4.	Industrial Processes	. Describe all of the industrial processes that affect or contribute to the SIU's discharge.
	MUNICIPAL S	SEWAGE
F.5.	1,213,415	and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's
F.5.	Principal Product(s)	
F.5.	Principal Product(s) discharge.	and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's
F.5.	Principal Product(s) discharge. Principal product(s):	and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's  MUNICIPAL SEWAGE
	Principal Product(s) discharge. Principal product(s): Raw material(s): Flow Rate. a. Process wastewate	and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's  MUNICIPAL SEWAGE  MUNICIPAL SEWAGE  er flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day the discharge is continuous or intermittent.
	Principal Product(s) discharge. Principal product(s): Raw material(s): Flow Rate. a. Process wastewate (gpd) and whether	and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's  MUNICIPAL SEWAGE  MUNICIPAL SEWAGE  er flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day the discharge is continuous or Intermittent.  Indicate the average daily volume of non-process wastewater flow discharged into the collection system in add and whether the discharge is continuous or intermittent.
F.6.	Principal Product(s) discharge.  Principal product(s):  Raw material(s):  Flow Rate.  a. Process wastewate (gpd) and whether  b. Non-process waste gallions per day (graph 290, 000)	and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's  MUNICIPAL SEWAGE  MUNICIPAL SEWAGE  er flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day the discharge is continuous or Intermittent.  Indicate the average daily volume of non-process wastewater flow discharged into the collection system in add and whether the discharge is continuous or intermittent.
F.6.	Principal Product(s) discharge.  Principal product(s):  Raw material(s):  Flow Rate.  a. Process wastewald (gpd) and whether  b. Non-process waste gallions per day (graphical per day (	and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's  MUNICIPAL SEWAGE  MUNICIPAL SEWAGE  er flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day the discharge is continuous or Intermittent.  Indicate the average daily volume of non-process wastewater flow discharged into the collection system in collection system in collection rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in collection and whether the discharge is continuous or intermittent.  Indicate whether the SIU is subject to the following:
F.6.	Principal Product(s) discharge.  Principal product(s):  Raw material(s):  Flow Rate.  a. Process wastewate (gpd) and whether gellons per day (graphical pretreatment Standara.  Local limits  b. Categorical pretreatment standara.	and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's  MUNICIPAL SEWAGE  MUNICIPAL SEWAGE  er flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day the discharge is continuous or Intermittent.  Indicate the average daily volume of non-process wastewater flow discharged into the collection system in collection rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in collection and whether the discharge is continuous or intermittent.  Indicate whether the SIU is subject to the following:

POST FALLS ID-002585-2	Form Approved 1/14/99 OMB Number 2040-0086
F.8. Problems at the Treatment Works Attributed to Waste Discharged upsets, interference) at the treatment works in the past three years?	by the SIU. Has the SIU caused or contributed to any problems (e.g.,
YesX_No	
DODA WAZADDONG WASTE DECENTED BY TRUCK DAIL OR	DEDICATED DIDELINE.
RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR  F.9. RCRA Waste. Does the treatment works receive or has it in the past thr YesX_No (go to F.12.)	THE RESERVE OF THE PARTY OF THE
F.10. Waste Transport. Method by which RCRA waste is received (check al	If that apply):
F.11. Waste Description. Give EPA hazardous waste number and amount (  EPA Hazardous Waste Number Amount	volume or mass, specify units). <u>Units</u>
CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTE. Does the treatment works currently (or has it been	ASTEWATER:
Yes (complete F.13 through F.15.) X_No  Provide a list of sites and the requested information (F.13 - F.15.) for ea	ach current and future site.
F.13. Waste Origin. Describe the site and type of facility at which the CERCL the next five years).	A/RCRA/or other remedial waste originates (or is expected to originate in
F.14. Pollutants. List the hazardous constituents that are received (or are exp (Attach additional sheets if necessary).	pected to be received). Include data on volume and concentration, if known.
F,15. Waste Treatment.  a. Is this waste treated (or will it be treated) prior to entering the treatme	ent works?
YesNo If yes, describe the treatment (provide information about the removal	efficiency):
b. Is the discharge (or will the discharge be) continuous or Intermittent?	

\_\_\_Continuous \_\_\_\_Intermittent If Intermittent, describe discharge schedule.

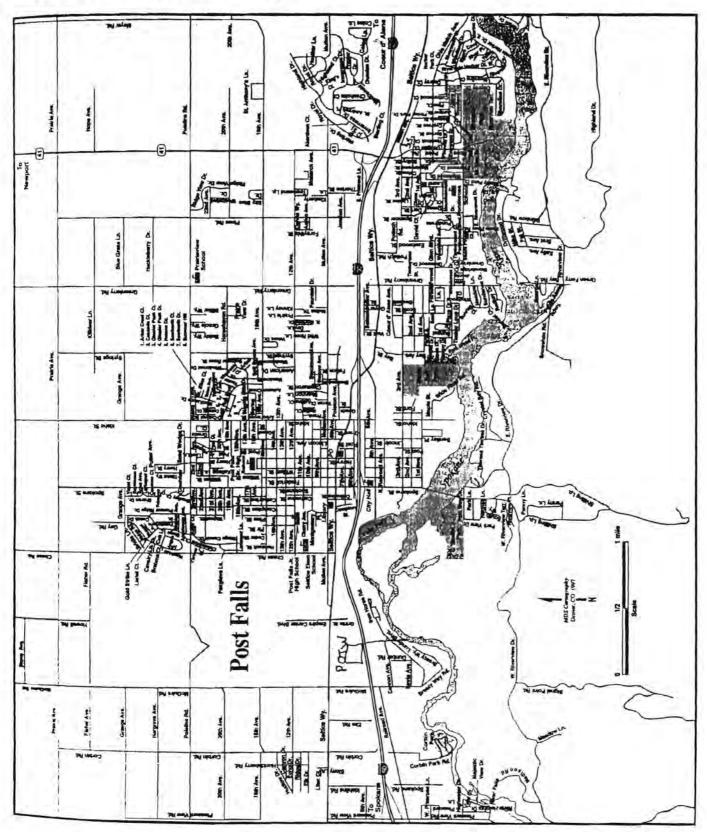
END OF PART F.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHIGH OTHER PARTS OF FORM
2A YOU MUST COMPLETE

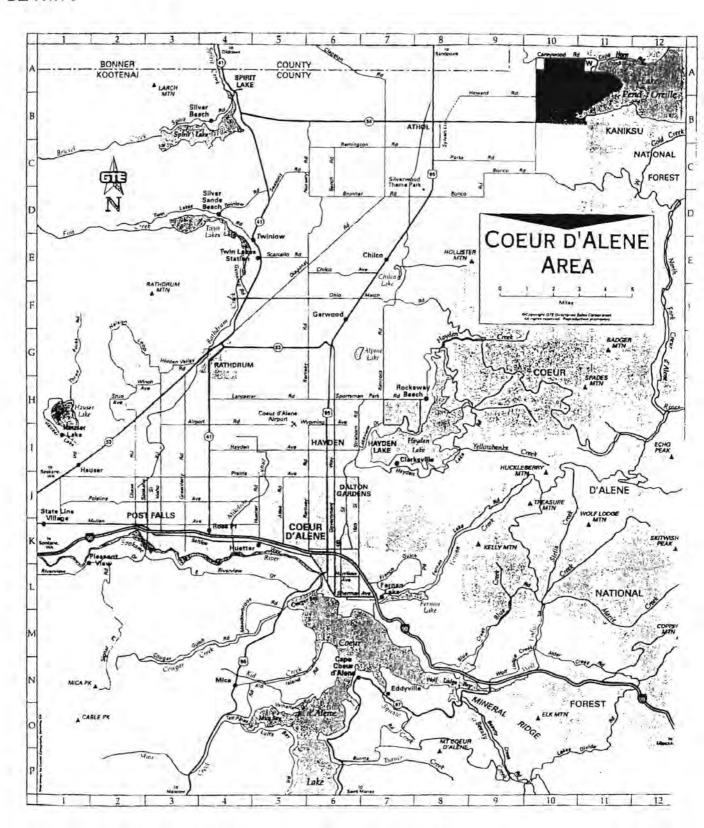




POST FALLS ID-002585-2

# Post Falls Street Map





# FECAL COLIFORM #/110ml A.11.c.

DATE	AVERAGE MONTHLY	AVERAGE WEEKLY	MAXIMUM DAILY		
MAY 1 – SEPT. 20	50	200	500		
OCT. 1 – APR. 30	-	200	800		



#### NPDES Permit No. ID-002585-2

In 2001, the Post Falls Wastewater Treatment Plant changed from chlorine disinfection to ultra violet disinfection. The plant uses chlorine and sulfur dioxide for a back up form of disinfection. Therefore, the daily chlorine limit should be removed from the plant's NPDES permit.



#### NPDES Permit No. ID-002585-2

Since we have had no WET test chronic toxicity we are requesting that we be required on our NPDES Permit to perform one (instead of two as currently required) WET test per calendar year.



April 27, 2004

City of Post Falls Permit No. ID-002585-2

#### LETTER OF CLARIFICATION

Reference page 6 of 21 Section A.12. Effluent Testing Information. Temperature (Winter); Temperature (Summer)

The parameter data reported in our NPDES Permit Application is from March 2003 through February 2004, a full year of data. Specifically dealing with temperature, this data is not broken into winter and summer but for the whole year dated March 2003 through /February 2004, which equals 366 days.





June 21, 2004

United States Environmental Protection Agency Region 10 Attn: Brian Nickel OW-130 1200 Sixth Avenue Seattle, Washington 98101

RE: NPDES PERMIT

Dear Mr. Nickel:

This is in response to the letter in regard to our permit #ID-0025852 in which we were asked to provide additional information. You will find all information enclosed in this packet.

1. Part B.2 of Form 2A requires submission of a topographical map of the area surrounding the Wastewater Treatment Plant.

We are including an updated map to meet this requirement.

2. Part B.6 requires submission of sampling data for all the parameters listed in that section; "the City's application does not include results for....."

We have included results for all the parameters listed.

3. Part D requires sampling for all pollutants in the expanded effluent list; the City submitted information for only four parameters from a list of about 100.

We normally do not sample for all these parameters, but had samples done for all parameters.

If you have any other questions or comments, I can be reached at (207)777-9857 or Twerner@postfallsidaho.org.

Thank you for the information on the NPDES training on August 24 and 25, 2004.

Sincerely,

Terry C. Werner

Public Works Superintendent

cc:

City Clerk

WWTP Operator

Files

POST FALLS ID-002585-2

C	If the answer to B.5.b is "Yes," briefly describe, including	new maximum daily inflow rate (if applicable).
---	--	--

d. Provide dates imposed by any compliance schedule or any actual dates of completion for the implementation steps listed below, as applicable. For improvements planned independently of local, State, or Federal agencies, indicate planned or actual completion dates, as applicable, indicate dates as accurately as possible.

	Schedule	<b>Actual Completion</b>
Implementation Stage	MM/DD/YYYY	MM/DD/YYYY
- Begin construction	02,02,2004	
- End construction	04,06,2004	
- Begin discharge		
- Attain operational level		:

e. Have appropriate permits/clearances concerning other Federal/State requirements been obtained? XX Yes No

Describe briefly: 10/24/03 - Plans & Specs for WWTP Oxidation Ditch #2 Aeration
reviewed & approved by Mr. John Tindall, PE, IDEQ, Coeur d'Alene, ID

#### B.S. EFFLUENT TESTING DATA (GREATER THAN 0.1 MGD ONLY).

Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through enalysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QAVQC requirements of 40 CFR Part 136 and other appropriate QAVQC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall Number: 001

POLLUFAMI		UA DAULY	AVERA	AVERAGE DAID EISCHAREE						
	Dinte Certe.	MARES Inde	Ban	(ms	Pumber i Sanitas	ME THER	ML TARA			
CONVENTIONAL AND NON	CONVENTIONAL	COMPOUNDS.	Service Control of the Control of th	The state of the s	epine somi	THE SECOND SECOND	(Carried Section			
AMMONIA (as N)	4.87	mg/L	0.48	mg/L	111	4500NH3DISE-ST	d meth.			
CHLORINE (TOTAL RESIDUAL, TRC)	0.15	mg/L	0.02	mg/L	366	4500-CI G S#d.	meth.			
DISSOLVED OXYGEN	7.25	mg/L	4.20	mg/L	366	YSI Model 55 DO Meter				
TOTAL KJELDAHL NITROGEN (TKN)	14.4	mg/L	11.60	mg/L	11	SM 4500 NB	2.0 mg/L			
NITRATE PLUS NITRITE NITROGEN	19.0	mg/L	12.10	mg/L	1.7	SM 4110F No3: SM 4110B No 2				
OIL and GREASE			ND	mg/L	1	SM 5520B	1.0 mg/L			
PHOSPHORUS (Total)	3.40	mg/L	0.43	mg/L	65	USEPA 365.3	4			
TOTAL DISSOLVED SOLIDS (TDS)			390	mg/L	1	SM 2540C	1.0 mg/L			
OTHER		7 7	(F 100 1 - 1							
			ALTERNATION NAMED IN	CHARLES THE REAL PROPERTY.	200		THE PERSON NAMED IN			

END OF PART B

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM

VA YOU MUST COMPLETE

NOTE; Compounds with (one) 1 number of samples signifies one pollutant scan because we do not analyze for these compounds.

FACILITY NAME AND PERMIT NUMBER: POST FALLS ID-002585-2		Form Approved 1/14/99 OMB Number 2040-0086
BASIC APPLICATION INFORME	SHON	
PART IS CERTIFICATION		GOTO TENENT
anerens nustromore allaporane sections no	nno 24 es experiedad de Applean Suon securar expelesos sociam	wie Baeeffes in Depunise Siedie Benten (n. 1816) Gebynger, in sie Gebruchten pale einem Seigen er e Geldeynaue eine Gefen Zeauerteue auch ein die getore
Indicate which parts of Form 2A you have		
X Basic Application Information packet	Supplemental Application Infon  X Part D (Expanded Efflu	
0	Y Part E (Toxicity Testing	
	X Part F (Industrial User	Discharges and RCRA/CERCLA Wastes)
	Part G (Combined Sew	ver Systems)
ALC AREACANDS MUST COMPLETE THE FOLD	OWING CERTIFICATION	
to assure that qualified personnel properly gather an system or those persons directly responsible for gath complete. I am aware that there are significant pena- violations.	d evaluate the information submitted. sering the information, the information	my direction or supervision in accordance with a system designed Based on my inquiry of the person or persons who manage the is, to the best of my knowledge and belief, true, accurate, and including the possibility of fine and imprisonment for knowing UPERINTENDENT
	Culemer	
Signature Olivia	1	
Telephone number (208)777-9	2/24	
Date signed 04 2	3 04	<del></del>
Upon request of the permitting authority, you must so or identify appropriate permitting requirements.	abmit any other information necessary	to assess wastewater treatment practices at the treatment works

SEND COMPLETED FORMS TO:

Form Approved 1/14/99 OMB Number 2040-0086

### SUPPLEMENTAL APPLICATION INFORMATION

#### PART D. EXPANDED EFFLUENT TESTING DATA

Effluent Testing: 1.0 mgd and Pretreatment Treatment Works. If the treatment works has a design flow greater than or equal to 1.0 mgd or it has (or is required to have) a pretreatment program, or is otherwise required by the permitting authority to provide the data, then provide effluent testing data for the following pollutants. Provide the indicated effluent testing information and any other information required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analyses conducted using 40 CFR Part 136 methods. In addition, these data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. Indicate in the blank rows provided below any data you may have on pollutants not specifically listed in this form. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall number: 001	(Complete once for each outfall discharging effluent to waters of the United States.)
---------------------	---

Refer to the directions on the governage to determine whether the section applies to the realment

THUM		VIVENDA DALLY PISTENDASE Core for a bass look					i Niji	( <b>E S</b> ( + 1)	<b>州等企业的标识</b> 。		
		lin s		100018	(E.orgi	i inije	Mals	, Mine The	eligantasi Sili Sampla	ME TELL	MANUT.
METALS (TOTAL RECOVERABLE)	CYANIDE,	PHENO	LS, AND	HARDNE	SS.	Madeigran		-11-2	Name of the last		ion Kamarid Isaa oo Alia Isaa
ANTIMONY	l last				ND	ppb	0.00		1	SM3113	5.0 ppt
ARSENIC					ND	ppb	0.00		j	SM3113	4.0 ppt
BERYLLIUM					ND	ppb	0.00	lbs/ day	1	SM3120	0.5 ppt
CADMIUM	-0910	ppb.	.0017	lbs/ day	.0388	ppb	.0007	lbs/,	13	SM3120	0,003 ppb
CHROMIUM			II	Œ	ND	ppb	0.00	lbs/ day	1	SM3120	1.0 ppt
COPPER	11.90	ppb	.1880	lbs/ day	5.344	ррь	.0939	lbs/ day	-13	SM3120	0.03 ppb
LEAD	1.230	ppb	.0228	lbs/ day	.4149	ppb	.0073	lbs/ day	13	: SM3120	0.03 ppb
MERCURY					ND	ррь	0.00	lbs/ day	1	SM3112	0.5 ppb
NICKEL					ND	ррь	0.00	lbs/ day	1.	SM3120	1.0 ppb
SELENTUM		Œ			ND	ppb	0.00	lbs/ day	1	SM3113	5.0 ppb
SILVER					ND	ррь	0.00	lbs/ day	1	SM3120	1.0 ppb
THALLTUM					ND	ppb	0.00	lbs/ day	1	SM3113	1.0 ppb
ZINC	68.30	ppb	1,263	lbs/ day	47.25	ppb	.8353	lbs/ day	13	SM3120	0.03 ppb
CYANIDE					ND	mg/L	0.00	lbs/ day	1_	SM 4500 CNF	0.05 mg/L
TOTAL PHENOLIC COMPOUNDS	PLEAS	E SEI	FAGE	12 (E	XTRACT	ABLE C	OMPOU	_			
HARDNESS (AS CaCO <sub>3</sub> )	12				125	mg/L	2263	lbs/ day	1	SM2340	0.2 mg/L
Use this space (or a separate sheet) t	o provide in	formation	n on other	metals re	quested b	the pen	nil writer.				

#### FACILITY NAME AND PERMIT NUMBER:

POST FALLS ID-002585-2

Form Approved 1/14/99 OMB Number 2040-0086

Outfall number: 001	Outfall number: 001 (Complete once for each outfall discharging effluer  (PDETERMED AND AND AND AND AND AND AND AND AND AN								tates.)				
- Value of the Control of the Contro					200		T-1-35						
		-	Mess	€ <b>**</b> ● <b>F</b> )	E 1 183 II		B MESS	4 I Miles	14 1	25(F10.0)	M≇AM		
VOLATILE ORGANIC COMPOUNDS.		INTERES.	S SET LESS					<u> </u>	Sample				
ACROLEIN				ľ		-		lbs/					
70,000		-		_	ND	ppb	0.00	007	1	SW8260/624	0.5 ppb		
ACRYLONITRILE					ND	ppb	0.00	lbs/ day	1	SW8260/624	0.5 ppb		
BENZENE					T.N.D.			lbs/		5#02007024	0.5 pps		
		-	-		ND.	ppb	0.00	307	1	SW8260/624	0.5 ppb		
BROMOFORM					ND	ppb	0.00	lbs/ day	1	SW8260/624	0.5 ppb		
CARBON TETRACHLORIDE					100			Ibs/	T.T	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0.5 550		
					ND	ppb	0.00	day	1	SW8260/624	0.5 ppb		
CLOROBENZENE					ND	ppb	0.00	lbs/ day	1	SW8260/624	0.5 ppb		
CHLORODIBROMO-METHANE			-		1,5		17	1bs/			ppu		
The state of the s					ND	ppb	0.00	day	_ 1	SW8260/624	0.5 ppb		
CHLOROETHANE					ND	ppb	0.00	lbs/ day	1	SW8260/624	0.5 ppb		
2-CHILORO-ETHYLVINYL				17.26	11.0			lbs/		77.77.74	ars hho		
ETHER	-	_	-		ND	ppb	0.00	day	. 1	SW8260/624	0.5 ppb		
CHLOROFORM					ND	ppb	0.00	lbs/ day	1	SW8260/624	0.5 ppb		
DICHLOROBROMO-METHANE					1,12		5.0	lbs/			Ters ppu		
	-		-		ND	ppb	0.00	day	1	SW8260/624	0.5 ppb		
1,1-DICHLOROETHANE					ND	ррь	0.00	lbs/ day	1	SW8260/624	0.5 ppb		
1.2-DICHLOROETHANE								lbs/	5.7		1		
,2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3					ND	ppb	0.00	day	1	SW8260/624	0.5 ppb		
TRANS-1,2-DICHLORO-ETHYLENE					ND	ррь	0.00	lbs/ day	-1	SW8260/624	0.5 ppb		
1,1-DICHLOROETHYLENE							C-CH	lbs/	6 1	7.57	PPS		
, rookeneerings		_			ND	ppb	0.00	day	1	SW8260/624	0.5 ppb		
1,2-DICHLOROPROPANE					ND	ppb	0.00	lbs/ day	7	SW8260/624	0.5 ppb		
1,3-DICHLORO-PROPYLENE							العالى	lbs/	15	V SACORAN	P. P. P.		
NOTION TO THEME					ND	ppb	0.00	day	1	SW8260/624	0.5 ppb		
ETHYLBENZENE	7-1				ND	орь	0.00	lbs/ day	1	SW8260/624	0.5 ppb		
METHYL BROMIDE							1	lbs/	10	A COL	FPE		
METATE DROMIDE					ND	ppb	0.00	day	-,1	SW8260/624	0.5 ppb		
METHYL CHLORIDE					ND	ррь	0.00	lbs/ day	1	SW8260/624	0.5 ppb		
SETUM ENE CHI COINE	- 1						13.54	lbs/	-	EGATIVE OF	0.75		
METHYLENE CHLORIDE					ND	ppb	_	day	1	SW8260/624	0.5 ppb		
1,1,2,2-TETRACHLORO-ETHANE					ND	ppb	25 x 25 25 x 1	lbs/ day	1	SW8260/624	0.5 ppb		
TETRACHI OPOLETIM ENE						P. P. O		lbs/		range Loyal			
TETRACHLORO-ETHYLENE					ND	ppb		day	(1)	SW8260/624	0.5 ppb		
TOLUENE					ND	ppb	A 100 A	lbs/ day	1	SW8260/624	0.5 ppb		

Form Approved 1/14/99 OMB Number 2040-0086

POST FALLS ID-002585-2

Outfall number: 001		nt to waters of the United States.)						
POLEITANT	MAXIMEM DAL DISTRIBUTE		1000	1-101	11	1		
	Line Drie Ness	i Bris Com	<u>.</u> .]6-0:	Xis		31	METHOL	11.0
1,1,1-TRICHLOROETHANE		ND	ppb	0.00	bs/	Sample 1	N C 20 LA COA	0.5
1,1,2-TRICHLOROETHANE		ND	ppb	0.00	lbs/	1	SW8260/624 SW8260/624	0.5 ppb
TRICHLORETHYLENE		ND	ррь	0.00	bs/	1	SW8260/624	0.5 ppb
VINYL CHLORIDE		ND	ppb	0.00	lbs/	1	SW8260/624	0.5 ppb
Use this space (or a separate sheet) to	provide Information on other			100 100 100 100	Nav I	ermit writer		0,5 ррб
ACID-EXTRACTABLE COMPOUNDS		-1 7	- 3					
P-CHLORO-M-CRESOL		ND.	ppb	0.00	lbs/ day	1	EPA 8270C	2.0 ppb
2-CHLOROPHENOL		ND	ррь	0.00	lbs/ day	i	EPA 8270C	2.0 ppb
2,4-DICHLOROPHENOL		ND	ppb	0.00	lbs/ day	1	EPA 8270C	2.0 ppb
2,4-DIMETHYLPHENOL		ND	ppb	0.00	lbs/ day	j	EPA 8270C	2.0 ppb
4,6-DINITRO-O-CRESOL		ND	ppb	0.00	lbs/ day	1	EPA 8270C	2.0 ppb
2,4-DINITROPHENOL		ND	ppb	0.00	lbs/ day	1	EPA 8270C	2.0 ppb
2-NITROPHENOL		ND	ppb	0.00	lbs/ day	ì	EPA 8270C	2.0 ppb
4-NITROPHENOL		ND	ppb	0.00	lbs/ day	1	EPA 8270C	2.0 ppb
PENTACHLOROPHENOL		ND	ppb	0,00	lbs/ day	1	EPA 8270C	2.0 ppb
PHENOL		9.0	ppb	0.16	lbs/ day	1	EPA 8270C	2.0 ppb
2,4,6-TRICHLOROPHENOL		ND	ppb	0.00		j	EPA 8270C	2.0 ppb
Use this space (or a separate sheet) to	provide information on other	acid-extractable co	mpounds	requeste	d by the p	ermä writer.		
BASE-NEUTRAL COMPOUNDS.					الله			
ACENAPHTHENE		ND	ppb	0.00	lbs/	1	EPA 8270C	0.3 ppb
ACENAPHTHYLENE		ND	ppb	0.00	ibs/	1	EPA 8270C	0.3 ppb
ANTHRACENE		ND	ppb	0.00	lbs/	1	EPA 8270C	0.3 ppb
BENZIDINE		ND	ррь	0.00	lbs/	1	EPA 8270C	2.0 ppb
BENZO(A)ANTHRACENE		DN	ppb	0.00	lbs/	1	EPA 8270C	0.3 ppb

BENZO(A)PYRENE				
FACILITY NAME AND PERMIT NUMBER: POST FALLS ID-002585-2		140	 4.	Form Approved 1/14/99 OMB Number 2040-0086

Outfall number: 001	_(Comple	te once	for ead	h outfall	dischargi	ng efflue	nt to waters of the United States.)						
POLICIFARE	Myximinations average discountries							E DAILADRE ONEE					
	Fine		Avitation Materia		Gree	Link	. Ness	Umis	Number	MANT ASSISTANT	ii Milmo		
	1	100		16.15					10	ME SHELD	122 (1116)		
	Sea Separate	An act	STREET, ST		25.55	PER STATE	200	lbs/	के गांगीक				
3,4 BENZO-FLUORANTHENE				LE.	ND	ppb	0.00	100	1	EPA 8270C	0.3 ppb		
BENZO(GHI)PERYLENE								lbs/					
BENZOJGNIJFENTENE					ND	ppb	0,00	day	1	EPA 8270C	0.3 ppb		
BENZO(K)FLUORANTHENE	15 11							lbs/	1 4	Late Grades			
				-	ND	ppb	0,00	day lbs/	1	EPA 8270C	0.3 ppb		
BIS (2-CHLOROETHOXY) METHANE					ND	ppb	0.00	2.00	1	EPA 827QC	1.0 ppb		
						PPU	0.00	757	100	EFN SZIQO	5.00.002		
BIS (2-CHLOROETHYL)-ETHER					110	15	0.00	lbs/	137	A. Sec. (2)			
	-			-	ND	ppb	0.00	day	-1-	EPA 8270C	1.0 ppb		
BIS (2-CHLOROISO-PROPYL) ETHER	11				ND	ppb	0.00	lbs/	1	EPA 8270C	100		
Eng-or						Lene.	Carrier C	day lbs/	-	L. N. 02700	1.0 ppb		
BIS (2-ETHYLHEXYL) PHTHALATE	0.17				ND	ppb	0,00	day	1	EPA 8270C	1.0 ppb		
recinion and consequent		7 - 1	9	-				lbs/	+==		1		
4-BROMOPHENYL PHENYL ETHER		11		1	ND	ppb	0.00	day	1	EPA 8270C	1.0 ppb		
Antole more service		-		-				lbs/					
BUTYL BENZYL PHTHALATE				0.01	1.4	ppb	0.03	day	1	EPA 8270C	1.0 ppb		
2-CHLORONAPHTHALENE						=	7.1	lbs/	-54				
2-UNLUNUNAPH I TALENE	114				ND	ppb	0.00	-	1	EPA 8270C	1.0 ppb		
4-CHLORPHENYL PHENYL ETHER	1				ND	1		lbs/		eni sarko	1.0		
Vitable and a Salar Salar	- 4			-	ND	ppb	0.00	day lbs/	1	EPA 8270C	1.0 ppb		
CHRYSENE	7.1	11			ND	ppb	0.00	1000	1	EPA 8270C	0.3 ppb		
NAMED A TANKS			-		-	PPD	0.00	Ibs/		27 77 32 700	- A PRO		
DI-N-BUTYL PHTHALATE					1.6	ppb	0.03	9 7 7 1	1	EPA 8270C	1.0 ppb		
DIALOCTY BUTHALATE								Ibs/			13.00		
DI-N-OCTYL PHTHALATE					ND	ppb	0.00		1	EPA 8270C	1.0 ppb		
DIBENZO(A,H) ANTHRACENE				- 1	ND	nob	0.00	lbs/		EDA 82700	0.3 ppb		
	٠			-	10.00	ppb	0.00	day Tbs/	1	EPA 8270C	0.5 ppb		
1,2-DICHLOROBENZENE					ND	ppb	0.00		1	EPA 8270C	1.0 ppb		
Pull with the last			+			ENERG		lbs/			7.7		
1,3-DICHLOROBENZENE					ND	ppb	0.00	day	1	EPA 8270C	1.0 ppb		
1.4-DICHLOROBENZENE	111				-			lbs/			4.40.		
I,NOTIONODENZENE					ND	ppb	0.00		1	EPA 8270C	1.C ppb		
3,3-DICHLOROBENZIDINE					ND	ppb	0.00	lbs/	1	EDA 02700	2.0 ppb		
					ND	PPD	0.00	lbs/		EPA 8270C	C.S PRO		
DIETHYL PHTHALATE			-		1.4	ppb	0.03		1	EPA 8270C	1.0 ppb		
			-		1.4		7.7	Ibs/					
DIMETHYL PHTHALATE	Law Jan				ND	ppb	0.00		1	EPA 8270C	1.0 ppb		
2,4-DINITROTOLUENE				11	DATE:	- V		lbs/	0.50	Total Calculation	15 9500		
CAT DIMINO/ DEDCINE					ND	ppb	0.00		1	EPA 8270C	1.0 ppb		
2,6-DINITROTOLUENE					ND	ppb	0.00	lbs/	4	EPA 8270C	1.0 ppb		

1,2-DIPHENYLHYDRAZINE			
FACILITY NAME AND PERMIT NUMBER:		Law	 Form Approved 1/14/99 OMB Number 2040-0086

Outfall number: 001	_ (Comple	ete once	for each	outfall d	ischargin	g efflue	nt to wat	ers of the	e United Sta	tes.)	TT.
POLLLIANT		MA GIVIE			15 TA	ME IANG	E-TANE	ADJECT OF	ARCE	<b>计图像程度</b>	
	Beur	Units	Mass Mass	Dale	Falls		4000		Number Di Samiles	Anal Yubal Me Tubb	M-ME
FLUORANTHENE					ND	ppb	0.00	lbs/	1	EPA 8270C	0.3 ppb
FLUORENE					ND	ррь	0.00	lbs/ day	1	EPA 8270C	0.3 ppb
HEXACHLOROBENZENE					ND	ррь	0.00	lbs/ day	1	EPA 8270C	1.0 ppb
HEXACHLOROBUTADIENE	1.1				ND	ppb	0.00		1	EPA 8270C	1.0 ppb
HEXACHLOROCYCLO- PENTADIENE					ND	ppb	0.00	5.6	1	EPA 8270C	1.0 ppb
HEXACHLOROETHANE					ND	ppb	0.00		1	EPA 8270C	1.0 ppb
NDENO(1,2,3-CD)PYRENE	4 P. Y				ND	ppb	0.00		1	EPA 8270C	0.3 ppb
SOPHORONE	1124				ND	ppb	0.00		1	EPA 8270C	1.0 ppb
VAPHTHALENE					ND	ррь	0.00	lbs/ dya	1	EPA 8270C	0.3 ppb
NITROBENZENE				1	ND	ppb	0,00		1	EPA 8270C	1.0 ppb
NITROSODI-N-PROPYLAMINE					ND.	ppb	0.00		1	EPA 8270C	1.0 ppb
HNITROSODI- METHYLAMINE					ND	ppb	0.00		1	EPA 8270C	1.0 ppb
4-NITROSODI-PHENYLAMINE					ND	ppb	0.00		1	EPA 8270¢	1.0 ppb,
PHENANTHRENE				Ly	ND	ppb	0.00		1	EPA 8270C	0.3 ppb
PYRENE					ND	ррь	0.00		1	EPA 8270C	0.3 ppb
1,2,4-TRICHLOROBENZENE					The March	ppb	0.00		.1	EPA 8270C	1.0 ppb
Use this space (or a separate sheet)	to provide in	formation	on other	base-neu	tral compo	ounds re	uested by	y the perm	nit writer.		
Use this space (or a separate sheet) I	to provide in	formation	on other	pollutants	(e.g., pes	ticides)	equested	by the pe	ımit writer.		

END OF PART D.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM
2A YOU MUST COMPLETE

## Chain of Custody

### **Accurate Testing Labs**

7950 Meadowlark Way | Coeur d'Alene, ID 83815 | Phone: (208) 762-8378 | Fax: (208) 762-9082 E-mail: muellen@accuratetesting.com | Internet: http://www.accuratetesting.com Results & Invoice to: Reporting Requirements: Name: City of Post Falls WWTP (Mailing) 408, N. Spokane street Preliminary: FAX | Verbal | by: / / Final Report. FAX [] Verbal [] by: Rushes: 48 hrs. [] Other: Do Phone: 773-1438 Fax: 773-031/ E-mail: Special Instructions: ANALYSIS REQUEST & & Project Information: \* NOTE Project Name: Do not test for : Project Number: Cadmium, Copper, Lead Credit Card: [] Visa [] MC # OF ZINC Exp. Date: Lab # Sample ID Date Time Matrix name of Sampler: 250-335-1 (C) EFF METALS 5/204 water (C) EFF-Cyanide & Harders Strope water 1 (C) EFF- Phenolics Total Studoy water 1 Remarks/Sample Conditions 8260/624 (C) EFF 5/20/04 weter CLEFF 8 270/625 5/20/04 vator water 1 X -2 87/13 Conb. Inf - FOG 5/20/09 - 1 61EFF TOS-FOG \$120/04 Water Chain of Custody Date Time Received by: Date Time Relinquished by: Seals 5-21-04 9:15 O Yes O No O N/A □ UPS □ FedEx D Bus D Hand

7950 Meadowlark Way Coeur d'Alene, ID 83815 Web site: www.accuratetesting.com

Phone (208) 762 8378 Fax (208) 762 9082 E-mail: info@accuratetesting.com

Bob Hatcher City of Post Falls Treatment N 408 Spokane St Post Falls, ID 83854

Order No.: Description:

2004050335

**Priority Pollutants** 

Date Received: 05/21/2004

### Certificate of Analysis

Sample No.:

Waste Water

Location:

Effluent

D/T Collected: 05/20/2004

Sample Type: COMPOSITES

Collected By: Carlos Betancourt

Analyte	Result	Unit	PQL	Method	Analysis Date	Analysi
Sliver	ND	ug/L	1.0	SM 3120	05/28/2004	WM
Beryllium	ND	ug/L	0.5	SM 3120	05/28/2004	WM
Chromium	ND	ug/L	1,0	SM 3120	05/28/2004	WM
Nickel	ND	vg/L	1.0	SM 3120	05/28/2004	WM
Mercury	ND	ug/L	0.5	SM 3112	05/27/2004	WM
Arsenic	ND	ug/L	4.0	SM 3113	05/28/2004	WM
Antimony	ND	ug/L	5.0	SM 3113	05/28/2004	WM
Selenium	ND	ug/L	5.0	SM 3113	05/28/2004	WM
Thallium	ND	ug/L	1.0	SM 3113	05/28/2004	WM
Cyanide	ND	mg/L	0.050	SM 4500 CN F	05/24/2004	RFR
Oil & Grease	ND	mg/L	1.0	SM 5520B	05/25/2004	RFR
Total Dissolved Solids	390	mg/L	1	SM 2540C	05/25/2004	RFR
Hardness, Total (as CaCO3)	125	mg/L	0.2	SM 2340	05/27/2004	WM
Calcium	31.6	mg/L	0.06	EPA 200.7	C5/27/2004	WM
Magnesium	11.3	mg/L	0.03	EPA 200.7	05/27/2004	WM
Acenaphthene	ND	ug/L	0.3	EPA 8270C	06/09/2004	ANA
Acenaphthylene	ND	ug/L	0.3	EPA 8270C	06/09/2004	ANA
Anthracene	ND	ug/L	0.3	EPA 8270C	06/09/2004	ANA
Benzidine	ND	ug/L	2.0	EPA 8270C	06/09/2004	ANA
Benzo(k)fluoranthene	ND	ug/L	0.3	EPA 8270C	06/09/2004	ANA
Benzo(b)fluoranthene	ND	ug/L	0.3	EPA 8270C	06/09/2004	ANA
Benzo(ghi)perylene	ND	ug/L	0.3	EPA 8270C	09/09/2004	ANA
Senzo(s)anthracene	ND	ug/L	0.3	EPA 8270C	06/09/2004	ANA
Benzo(a)pyrane	ND	ug/L	0.3	EPA 8270C	08/09/2004	ANA

Laboratory Supervisor Walter Mueller

06/16/2004

Page 1 of 6

7950 Meadowlark Way Cocur d'Alene, ID 83815 Phone (208) 762 8378 Fax (208) 762 9082 Web site: www.accuratetesting.com E-mail: info@accuratetesting.com

**Bob Hatcher** City of Post Falls Treatment N 408 Spokane St Post Falls, ID 83854

Order No .:

2004050335

Description:

**Priority Pollutants** 

Date Received:

05/21/2004

### Certificate of Analysis

Sample No .: Location:

1

Effluent

Sample Type: COMPOSITES

Matrix:

Waste Water

D/T Collected: 05/20/2004

Collected By: Carlos Betancourt

Analyte	Result	Unit	PQL	Method	Analysis Date	Analys
Benzyl sicohol	ND	ug/L	2.0	EPA 8270C	06/09/2004	ANA
Bis(2-chlorethoxy)methane	ND	ug/L	1.0	EPA 8270C	06/09/2004	ANA
Bis(2-chloroisopropyl)ether	ND	ug/L	1.0	EPA 8270C	06/09/2004	ANA
Bis(2-chloroethyl)ether	ND	ug/L	1.0	EPA 8270C	05/09/2004	ANA
Bis(2-ethylhexyl)phthalate	ND	ug/L	1.0	EPA 8270C	06/09/2004	ANA
4-Bromophenyl phenyl ether	ND	ug/L	1.0	EPA 8270C	06/09/2004	ANA
Butylbenzylphthalate	1.4	ug/L	1.0	EPA 8270C	06/09/2004	ANA
4-Chloroaniline	ND	ug/L	1.0	EPA 8270C	06/09/2004	ANA
2-Chloronaphthalene	ND	ug/L	1.0	EPA 8270C	06/09/2004	ANA
4-Chloro-3-methylphenol	ND	ug/L	2.0	EPA 8270C	06/09/2004	ANA
2-Chlorophenol	NO	ug/L	2.0	EPA 8270C	06/09/2004	ANA
4-Chlorophenyl phenyl ether	ND	ug/L	1.0	EPA 3270C	06/09/2004	ANA
Chrysene	ND	ug/L	0.3	EPA 8270C	06/09/2004	ANA
Dibenz(ah)anthracene	ND	ug/L	0.3	EPA 8270C	06/09/2004	ANA
Dibenzofuran	ND	ug/L	1.0	EPA 8270C	06/09/2004	ANA
Ol-n-butyl phthalate	1.6	ug/L	1.0	EPA 8270C	06/09/2004	ANA
1,3-Dichlorobenzene	ND	ug/L	1.0	EPA 8270C	06/09/2004	ANA
1,2-Dichlorobenzene	. ND	ug/L	1.0	EPA 8270C	06/09/2004	ANA
1.4-Dichloroberizene	ND	ug/L	1.0	EPA 8270C	08/09/2004	ANA
3,3-Dichlorobenzidine	ND	ug/L	2.0	EPA 8270C	06/09/2004	ANA
2,4-Dichlorophenol	ND	ug/L	2.0	EPA 8270C	06/09/2004	ANA
Diethyl phthelete	1.4	ug/L	1.0	EPA 8270C	06/09/2004	ANA
2,4-Dimethylphenol	ND	ug/L	2.0	EPA 8270C	06/09/2004	ANA
Dimethyl phthalate	NO	ug/L	1.0	EPA 8270C	06/09/2004	ANA

Laboratory Supervisor Watter Mueller

06/16/2004

Page 2 of 6

POL: Practical Quantitation Limit ND: Not Detected

7950 Meadowlark Way Cocur d'Alene, ID 83813 Phone (208) 762 8378 Fax (208) 762 9082 Web site: www.accuratetesting.com E-mail: info@accuratetesting.com

Bob Hatcher City of Post Fails Treatment N 408 Spokane St Post Falls, ID 83854

Order No.: Description:

2004050335

**Priority Pollutants** 

Date Received: 05/21/2004

### Certificate of Analysis

Sample No .: Location:

Effluent

Sample Type: COMPOSITES

Waste Water

D/T Collected: 05/20/2004

Collected By: Carlos Betancourt

Analyte	Result	Unit	PQL	Method	Analysis Date	Analysi
4,6-Dinitro-2-methylphenol	ND	ug/L	2.0	EPA 8270C	06/09/2004	ANA
2,4-Dinitrophenol	ND	ug/L	2.0	EPA 8270C	05/09/2004	ANA
2,4-Dinitrotoluene	ND	vg/L	1.0	EPA 8270C	06/09/2004	ANA
2,6-Dinitrotoluene	ND	ug/L	1.0	EPA 8270C	06/09/2004	ANA
Di-n-ootyl phthalate	ND	ug/L	1.0	EPA 8270C	06/09/2004	ANA
Fluoranthene	ND	ug/L	0.3	EPA 8270C	06/09/2004	ANA
Fluorane	ND	ug/L	0.3	EPA 8270C	06/09/2004	ANA
Hexachlorobenzene	ND	ug/L	1.0	EPA 8270C	06/09/2004	ANA
Hexachlorobutadiene	ND	ug/L	1.0	EPA 8270C	06/09/2004	ANA
Hexachlorocyclopentadiene	ND	ug/L	1.0	EPA 8270C	06/09/2004	ANA
Hexachloroethane	NO	ug/L	1.0	EPA 8270C	06/09/2004	ANA
Indeno(123,cd)pyrene	ND	ug/L	0.3	EPA 8270C	06/09/2004	ANA
Isophorone	ND	ug/L	1.0	EPA 8270C	05/09/2004	ANA
2-Methylnaphthalene	ND	ug/L	1.0	EPA 8270C	06/09/2004	ANA
2-Methylphenol	ND	ug/L	2.0	EPA 8270C	08/09/2004	ANA
4-Methylphenol	ND	ug/L	2.0	EPA 8270C	06/09/2004	ANA
Naphthalene	ND	ug/L	0,3	EPA 8270C	08/09/2004	ANA
2-Nitroaniline	ND	ug/L	1.0	EPA 8270C	06/09/2004	ANA
3-Nitroaniline	ND	ug/L	1.0	EPA 8270C	06/09/2004	ANA
4-Nitroaniline	ND	ug/L	1.0	EPA 8270C	06/09/2004	ANA
Nitrobenzene	ND	ug/L	1.0	EPA 8270C	06/09/2004	ANA
2-Nitrophenol	ND	ug/L	2.0	EPA 8270C	08/09/2004	ANA
4-Nitrophenol	ND	ug/L	2.0	EPA 82700	06/09/2004	ANA
N-nitrosodiphenylamins	ND	ug/L	1.0	EPA 8270C	06/09/2004	ANA

Laboratory Supervisor Walter Mueller

06/16/2004

Page 3 of 6

7950 Meadowlark Way Coeur d'Alene, ID 83815 Phone (208) 762 8378 Fax (208) 762 9082 Web site: www.accuratetesting.com E-mail: info@accuratetesting.com

**Bob Hatcher** 

City of Post Falls Treatment

Sample Type: COMPOSITES

N 408 Spokane St Post Falls, ID 83854 Order No.:

2004050335

Description:

Priority Pollutants

Date Received:

05/21/2004

### Certificate of Analysis

Sample No.: Location:

1

Effluent

Waste Water

D/T Collected: 05/20/2004

Collected By: Carlos Betancourt

Analyte	Result	Unit	PQL	Method	Analysis Date	Analys
N-nitrosodipropylamine	ND	ug/L	1.0	EPA 8270C	08/09/2004	ANA
N-nitrosodimethylamine	ND	ug/L	1.0	EPA 8270C	06/09/2004	ANA
Pentachlorophenol	ND	ug/L	2.0	EPA 8270C	06/09/2004	ANA
Phenanthrene	ND	ug/L	0.3	EPA 8270C	06/09/2004	ANA
Phenal	9.0	ug/L	2.0	EPA 8270C	06/09/2004	ANA
Ругеле	ND	ug/L	0,3	EPA 8270C	06/09/2004	ANA
1,2,4-Trichlorobenzene	ND	ug/L	1.0	EPA 8270C	06/09/2004	ANA
2,4,6-Trichlorophenol	ND	ug/L	2.0	EPA 8270C	06/09/2004	ANA
2,4,6-Trichlorophenol	ND	ug/L	2.0	EPA 8270C	06/09/2004	ANA
2-Fluorophenol	60.9	% Recovery	21-110	EPA 8270C	06/09/2004	ANA
Phenol-d5	57.1	% Recovery	10-110	EPA 8270C	06/09/2004	ANA
Nitrobenzene-d5	85,3	% Recovery	35-114	EPA 8270C	06/09/2004	ANA
2-Fluorobiphenyl	87.6	% Recovery	43-118	EPA 8270C	06/09/2004	ANA
2,4,6-Tribromophenol	79.0	% Recovery .	10-123	EPA 82700	06/09/2004	ANA
Terphenyl-d14	48,1	% Recovery	33-141	EPA 8270C	06/09/2004	ANA

Sample No .: Location:

2

Influent

Sample Type: COMPOSITES

Matrix:

Waste Water

D/T Collected: 05/20/2004

Collected By: Carlos Betancourt

Analyte	Result	Unit	PQL	Method	Analysis Date	Analyst
Oil & Grease	20	mg/L	1.0	SM 5520B	05/25/2004	RFR

Laboratory Supervisor Walter Mueller

05/15/2004

Page 4 of 6

7950 Meadowlark Way Coeur d'Alone, ID 83815 Phone (208) 762 8378 Fax (208) 762 9082 Web site: www.accuratetesting.com E-mail: info@accuratetesting.com

Bob Hatcher City of Post Falls Treatment N 408 Spokane St Post Falls, ID 83854

Order No.: Description:

2004050335 **Priority Pollutants** 

Date Received: 05/21/2004

### Certificate of Analysis

Sample No .: Location:

1

Effluent

Matrix: D/T Collected: 05/20/2004

Waste Water

Sample Type: COMPOSITES

Collected By: Carlos Betancourt

Analyte	Result	Unit	PQL	Method	Analysis Date	Analys
2,6-Dichlorophenol	ND	ug/L	2,0	EPA 8270C	06/09/2004	ANA
1,2-Diphenylhydrazine	NO	ug/L	1.0	EPA 8270C	06/09/2004	ANA
Acrolein	ND	ug/L	0.5	SW 8280/624	05/02/2004	ANA
Acrylonitrile	ND	ug/L	0.5	SW 3260/624	06/02/2004	ANA
Benzene	ND	ug/L	0.5	SW 8260/624	06/02/2004	ANA
Bromoform	ND	ug/L	0.5	SVV 8260/624	06/02/2004	ANA
Carbon tetrachloride	ND	ug/L	0.5	SW 8260/824	06/02/2004	ANA
Chlorobenzene	ND	ug/L	0,5	SW 8280/824	06/02/2004	ANA
Olbromochloromethane	ND	ug/L	0.5	SW 8260/524	06/02/2004	ANA
Chloroethane	ND	ug/L	0.5	SW 8280/624	06/02/2004	ANA
2-chloroethyl vinyl ether	ND	ug/L	0.5	SW 8260/824	08/02/2004	ANA
Chloroform	ND	ug/L	0.5	SW 8260/624	06/02/2004	ANA
Bromodichloromethane	ND	ug/L	0.5	SW 8260/624	06/02/2004	ANA
1,1-Dichloroethane	ND	ug/L	0.5	SW 8260/624	06/02/2004	ANA
1,2-Dichloroethane	ND	ug/L	0.5	SW 8260/624	06/02/2004	ANA
t-1,2-Diohioroethene	ND	ug/L	0.5	SW 8260/624	06/02/2004	ANA
1,1-Dichloroethene	ND	ug/L	0,5	SW 8260/824	06/02/2004	ANA
1,2-Dichloropropane	ND	ug/L	0.5	SW 8260/624	06/02/2004	ANA
c-1,3-Dichloropropane	ND	ug/L	0,5	SW 8260/624	06/02/2004	ANA
t-1,3-Dichlaropropene	ND	ug/L	0.5	SW 8260/624	06/02/2004	ANA
Ethylbanzene	ND	ug/L	0.5	SW 8280/624	05/02/2004	ANA
Bromomethane	ND	ug/L	0.5	SW 8260/624	06/02/2004	ANA
Chloromethane	ND	ug/L	0.5	SW 8200/624	06/02/2004	ANA
Methylene chloride	ND	ug/L	2.5	SW 8260/624	06/02/2004	ANA

Laboratory Supervisor Waiter Mueller

06/16/2004

Page 5 of 6

7950 Meadowlark Way Coeur d'Alone, ID 83815 Phone (208) 762 8378 Fax (208) 762 9082 Web site: www.accuratetesting.com E-mail: info@accuratetesting.com

**Bob Hatcher** City of Post Falls Treatment N 408 Spokane St Post Falls, ID 83854

Sample Type: COMPOSITES

Order No.: Description:

2004050335 **Priority Pollutants** 

Date Received: 05/21/2004

### Certificate of Analysis

Sample No.:

Location:

1

Effluent

Matrix.

Waste Water

D/T Collected: 05/20/2004

Collected By: Carlos Betancourt

Analyte	Result	Unit	PQL	Method	Analysis Date	Analys
1,1,1,2-Tetrachioroethana	ND	ug/L	0.5	SW 8260/624	08/02/2004	ANA
Tetrachloroethene	ND	ug/L	0.5	SW 8260/624	06/02/2004	ANA
Toluene	ND	ug/L	0.5	SW 8260/624	06/02/2004	ANA
1,1,1-Trichioroethane	ND	ug/L	0.5	SW 8250/624	06/02/2004	ANA
1,1,2-Trichloroethane	ND	ug/L	0.5	SW 8250/624	06/02/2004	ANA
Trichloroethane	ND	ug/L	0.5	SW 8250/624	08/02/2004	ANA
Vinyl chloride	ND	ug/L	0.5	8W 8260/624	06/02/2004	ANA
Surrogata (1,2-Dichlorobenzene-d4)	90.6	% Recovery		SW 8260/624	06/02/2004	ANA
Surrogate (4-Bromofluorobenzene)	99.2	% Recovery		SW 8260/624	06/02/2004	ANA
Surrogate (Toluene-d8)	99.4	% Recovery		SW 8260/624	06/02/2004	ANA
Phenois	NO	mg/L	0.01	SM 5530C	05/04/2004	ANA
N-nitrosodibutylamine	ND	ug/L	1.0	EPA 8270C	05/09/2004	ANA

Laboratory Supervisor Walter Mueller

08/18/2004

Page 6 of 6